

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.

12 CV 8443

Deposition of: Chadwick Prodromos, M.D.

Taken on: January 04, 2018

JENSEN LITIGATION SOLUTIONS

180 North LaSalle Street

Suite 2800

Chicago, IL 60601

312.236.6936

877.653.6736

www.jensenlitigation.com



IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN
DISTRICT OF ILLINOIS, EASTERN DIVISION

ALNORAINDUS BURTON,)	
)	
Plaintiff,)	
)	
-vs-)	No. 12 CV 08443
)	
DR. PARTHA GHOSH and)	
WEXFORD HEALTH SOURCES,)	
INC.,)	
)	
Defendants.)	

The deposition of CHADWICK PRODROMOS, M.D.,
called for examination, taken pursuant to the Federal
Rules of Civil Procedure of the United States District
Courts pertaining to the taking of depositions, taken
before KAREN ORENSTEIN, CSR No. 84-4693, a Certified
Shorthand Reporter of the State of Illinois, and a
Registered Professional Reporter, at
1714 Milwaukee Avenue, Glenview, Illinois, on
January 4, 2018, commencing at 4:26 p.m.

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Pages 2..5

Page 2

1 PRESENT:

2

3 KIRKLAND & ELLIS

4 MR. WILLIAM O'HARA

5 MR. HOWARD M. KAPLAN

6 300 North LaSalle Street

7 Suite 2400,

8 Chicago, Illinois 60654

9 Phone: (312) 861-2000

10 E-mail: william.ohara@kirkland.com

11 howard.kaplan@kirkland.com

12

13 On behalf of the Plaintiff;

14

15 CASSIDAY SCHADE

16 MR. JOSEPH J. LOMBARDO

17 20 North Wacker Drive

18 Suite 1000

19 Chicago, Illinois 60606

20 Phone: (312) 641-3100

21 E-mail: jlombardo@cassiday.com

22

23 On behalf of the Defendants.

24

25 ALSO PRESENT: Mr. James Porter (videographer).

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456

457

458

459

460

461

462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

493

494

495

496

497

498

499

500

501

502

503

504

505

506

507

508

509

510

511

512

513

514

515

516

517

518

519

520

521

522

523

524

525

526

527

528

529

530

531

532

533

534

535

536

537

538

539

540

541

542

543

544

545

546

547

548

549

550

551

552

553

554

555

556

557

558

559

560

561

562

563

564

565

566

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

589

590

591

592

593

594

595

596

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

614

615

616

617

618

619

620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

636

637

638

639

640

641

642

643

644

645

646

647

648

649

650

651

652

653

654

655

656

657

658

659

660

661

662

663

664

665

666

667

668

669

670

671

672

673

674

675

676

677

678

679

680

681

682

683

684

685

686

687

688

689

690

691

692

693

694

695

696

697

698

699

700

701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729

730

731

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746

747

748

749

750

751

752

753

754

755

756

757

758

759

760

761

762

763

764

765

766

767

768

769

770

771

772

773

774

775

776

777

778

779

780

781

782

783

784

785

786

787

788

789

790

791

792

793

794

795

796

797

798

799

800

801

802

803

804

805

806

807

808

809

810

811

812

813

814

815

816

817

818

819

820

821

822

823

824

825

826

827

828

829

830

831

832

833

834

835

836

837

838

839

840

841

842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

866

867

868

869

870

871

872

873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

890

891

892

893

894

895

896

897

898

899

900

901

902

903

904

905

906

907

908

909

910

911

912

913

914

915

916

917

918

919

920

921

922

923

924

925

926

927

928

929

930

931

932

933

934

935

936

937

938

939

940

941

942

943

944

945

946

947

948

949

950

951

952

953

954

955

956

957

958

959

960

961

962

963

964

965

966

967

968

969

970

971

972

973

974

975

976

977

978

979

980

981

982

983

984

985

986

987

988

989

990

991

992

993

994

995

996

997

998

999

1000

1001

1002

1003

1004

1005

1006

1007

1008

1009

1010

1011

1012

1013

1014

1015

1016

1017

1018

1019

1020

1021

1022

1023

1024

1025

1026

1027

1028

1029

1030

1031

1032

1033

1034

1035

1036

1037

1038

1039

1040

1041

1042

1043

1044

1045

1046

1047

1048

1049

1050

1051

1052

1053

1054

1055

1056

1057

1058

1059

1060

1061

1062

1063

1064

1065

1066

1067

1068

1069

1070

1071

1072

1073

1074

1075

1076

1077

1078

1079

1080

1081

1082

1083

1084

1085

1086

1087

1088

1089

1090

1091

1092

1093

1094

1095

1096

1097

1098

1099

1100

1101

1102

1103

1104

1105

1106

1107

1108

1109

1110

1111

1112

1113

1114

1115

1116

1117

1118

1119

1120

1121

1122

1123

1124

1125

1126

1127

1128

1129

1130

1131

1132

1133

1134

1135

1136

1137

1138

1139

1140

1141

1142

1143

1144

1145

1146

1147

1148

1149

1150

1151

1152

1153

1154

1155

1156

1157

1158

1159

1160

1161

1162

1163

1164

1165

1166

1167

1168

1169

1170

1171

1172

1173

1174

1175

1176

1177

1178

1179

1180

1181

1182

1183

1184

1185

1186

1187

1188

1189

1190

1191

1192

1193

1194

1195

1196

1197

1198

1199

1200

1201

1202

1203

1204

1205

1206

1207

1208

1209

1210

1211

1212

1213

1214

1215

1216

1217

1218

1219

1220

1221

1222

1223

1224

1225

1226

1227

1228

1229

1230

1231

1232

1233

1234

1235

1236

1237

1238

1239

1240

1241

1242

1243

1244

1245

1246

1247

1248

1249

1250

1251

1252

1253

1254

1255

1256

1257

1258

1259

1260

1261

1262

1263

1264

1265

1266

1267

1268

1269

1270

1271

1272

1273

1274

1275

1276

1277

1278

1279

1280

1281

1282

1283

1284

1285

1286

1287

1288

1289

1290

1291

1292

1293

1294

1295

1296

1297

1298

1299

1300

1301

1302

1303

1304

1305

1306

1307

1308

Page 6

1 If you go ahead and answer a question, I'm going to
2 assume that you understood it. And please let me know
3 if you need a break at any point except I'd ask that you
4 not do so while a question is pending.
5 Could you please state your full name for the
6 record.
7 A. Chadwick C. Prodromos.
8 MR. O'HARA: Can I get the first exhibit there?
9 BY MR. O'HARA:
10 Q. So I'm holding what is titled Defendants'
11 Rule 26(a)(2) disclosure. It is the disclosures that
12 your law firm sent over ahead of this deposition. We
13 added Bates stamps to it that are marked BURL
14 through 17. I'm marking this as Plaintiff's Exhibit 1.
15 (WHEREUPON, a certain document was
16 marked Plaintiff's Deposition
17 Exhibit No. 1, for identification,
18 as of 01/04/2018.)
19 BY MR. O'HARA:
20 Q. Do you recognize this document, Dr. Prodromos?
21 A. Yes.
22 Q. Great.
23 So it consists of a cover letter with
24 disclosures and then a part A, which is your report, and

Page 7

1 a part B, which is your CV; is that correct?
2 A. Yes.
3 Q. Great. Thank you.
4 Can we turn to part B, your CV?
5 A. Yes.
6 Q. Did you draft this CV yourself?
7 A. Pretty much.
8 Q. When did you last update this document?
9 A. Well, let me see. It was partially updated to
10 get the second edition of my ACL textbook this year. I
11 think there were a few papers since '15, presentations
12 that probably aren't in here, but...
13 Q. Okay. We'll get at that.
14 Is all the information that's in the CV
15 accurate to your knowledge?
16 A. Yes.
17 Q. Is this a complete representation of your
18 educational and professional background?
19 A. Yes.
20 Q. That was my next question. Is there any
21 information you didn't include?
22 A. No.
23 Q. Is there any new information about your
24 education, experience, or publications since you drafted

Page 8

1 this document?
2 A. As I said, there may be a couple of
3 presentations here and there, but this is most
4 everything.
5 Q. Could you explain what the subject of those
6 presentations might have been about?
7 A. Well, I did one in Lyon, France, where I was
8 the moderator for the European Sports Medicine Society,
9 International Sports Medicine Society on cartilage
10 damage in people with ACL reconstructions. So that was
11 2016. And it looks like -- oh, no, that's in there,
12 '15. So, yeah, that one. I don't think there have been
13 any major ones since then that I can think of.
14 Q. Okay. We may ask afterwards if you remember
15 and come up with any, to send us those.
16 We'll briefly just walk through your education
17 if that's all right.
18 A. Sure.
19 Q. You did your undergrad study at Princeton; is
20 that correct?
21 A. Yes.
22 Q. What was your major there?
23 A. My major was biology and I have a certificate
24 in science and human affairs, but biology.

Page 9

1 Q. And when did you graduate from Princeton?
2 A. '75.
3 Q. And what was the degree you earned there, a
4 B.S.?
5 A. Everybody there gets a bachelor's of arts
6 unless you are an engineer, so A.B.
7 Q. That's right.
8 A. Art baccalaureate.
9 Q. And did you go immediately to undergraduate
10 school from Princeton?
11 A. I did.
12 Q. And where did you go to graduate school?
13 A. At Johns Hopkins Medical School.
14 Q. What was your area of focus there?
15 A. There isn't one. You just get an M.D. It's
16 the same for everybody.
17 Q. So you graduated with an M.D.?
18 A. Yes.
19 Q. And what year did you graduate from Johns
20 Hopkins?
21 A. '79.
22 Q. And what did you do after graduating from
23 Johns Hopkins?
24 A. I did an internship at the University of

<p style="text-align: right;">Page 10</p> <p>1 Chicago. It's kind of a rotating surgical internship 2 for a year.</p> <p>3 Q. Were there any gaps in your education?</p> <p>4 A. No.</p> <p>5 Q. And you are also board-certified in orthopedic 6 surgery; is that right?</p> <p>7 A. Yes.</p> <p>8 Q. What does that mean, briefly?</p> <p>9 A. Board certification means that you pass 10 examinations of one sort or another that attests to your 11 having a level of knowledge, I guess, knowledge and 12 competence, maybe, in a given field.</p> <p>13 Q. And when did you receive your board 14 certification?</p> <p>15 A. Initially in '87. You are required to wait 16 two years before you take it. So I took it at the first 17 available time in '87. It's been every ten years since 18 then. Just did it again in 2016. You can do it a year 19 earlier to get it out of the way.</p> <p>20 Q. What are the requirements?</p> <p>21 A. Well, initially you have to complete a 22 residency. And I'm trying to remember. You have to 23 submit cases. You have an oral exam. I think, a 24 written exam. So the initial one is kind of a big</p>	<p style="text-align: right;">Page 12</p> <p>1 fellowship for a year at the Harvard Medical School and 2 Massachusetts General Hospital in orthopedic surgery in 3 sports medicine.</p> <p>4 Q. And after Mass General?</p> <p>5 A. Then I came back here and have been in private 6 practice ever since.</p> <p>7 Q. Terrific.</p> <p>8 When did you begin working here at Illinois 9 Sports Medicine?</p> <p>10 A. Like shortly after I finished. So I finished 11 in -- My first day in practice was August of '85. And 12 so I was a private practitioner and then I incorporated 13 to Illinois Sports Medicine, I think, like, a year 14 later. I don't remember exactly, but right around 15 there.</p> <p>16 Q. Do you have a particular position or title 17 here besides founder, I guess?</p> <p>18 A. I'm president of the corporation.</p> <p>19 Q. And could you briefly explain your job 20 responsibilities as president and as a practitioner?</p> <p>21 A. Well, I'm just an orthopedic surgeon. Sub-S 22 corporation, so I just practice orthopedic surgery.</p> <p>23 Q. Have you ever held any teaching position in 24 your role as a physician?</p>
<p style="text-align: right;">Page 11</p> <p>1 production. And then after that, it basically -- 2 there's different ways you can do it, but basically you 3 take an exam, so...</p> <p>4 Q. I am curious, with a JD, you pass the bar and 5 then you are done with testing for the most part.</p> <p>6 A. Yeah. You guys are smarter than we are.</p> <p>7 Q. Are there any other professional certificates, 8 licenses, or credentials that you have earned?</p> <p>9 A. I am board-certified in regenerative medicine.</p> <p>10 Q. And could you briefly explain what 11 regenerative medicine is?</p> <p>12 A. Well, it deals with, in my case, platelet-rich 13 plasma, stem cell treatment. So it's an area that's 14 kind of grown up recently with trying to alter -- 15 beneficially alter your healing responses, your immune 16 system, that kind of thing.</p> <p>17 Q. No type of regenerative medicine was at issue 18 in Mr. Burton's case?</p> <p>19 A. Correct.</p> <p>20 Q. Thank you.</p> <p>21 Let's walk again briefly through your work 22 experience. After you finished up, I believe, your 23 residency, was it, where did you go from there?</p> <p>24 A. So after my residency at Rush, I did a</p>	<p style="text-align: right;">Page 13</p> <p>1 A. Yeah. I was assistant professor for 25 years 2 at Rush, I was an instructor briefly at Northwestern 3 when I first started, as well and assistant professor 4 for 25 years at Rush. I retired from that two or 5 three years ago just -- actually, I still do research 6 down there, but just because you kind of have to be in 7 practice down there, and I migrated out to the suburbs. 8 And what else? I think I was an instructor or a fellow. 9 I don't remember exactly. And that's pretty much it.</p> <p>10 Q. We just did that drive, so I understand. 11 What subjects were you instructing at Rush?</p> <p>12 A. So a couple of things. Basically as an 13 orthopedic surgeon, you work with residents. So 14 residents operate with you and you teach them how to do 15 to the cases that you do. I do research. So I do 16 computerized gait analysis research. They have a gait 17 laboratory down there. I'm still doing that down there. 18 So the academic side of it is like teaching residents 19 and then doing research. So that's mostly it.</p> <p>20 Q. I guess, any particular field of medicine? 21 Was it orthopedic surgery that you were instructing?</p> <p>22 A. Yeah. So I would do, for example, an ACL 23 reconstruction and I have a resident and that's how they 24 learn. So they help with the case and you teach them</p>

Page 14

1 things.

2 **Q. Would this include arthroscopic knee surgery?**

3 A. Yes. That's mostly what I do. When I started

4 out in practice, I did arthroscopic surgery and my

5 fellowship was heavily involved in that; but when I

6 first started in practice, we didn't -- ACL

7 reconstructions were not arthroscopic. Actually, I kind

8 of helped develop arthroscopic techniques for it. But

9 yeah.

10 **Q. Okay. So could we turn back to your CV? I**

11 **believe beginning on -- the Bates stamp is Burton BUR14.**

12 **You have a bibliography at the end?**

13 A. Uh-huh.

14 **Q. Is this a complete list of your publications?**

15 A. Yes.

16 **Q. Doctor, is it fair to say that your primary**

17 **focus in publication has been on ACL surgery?**

18 A. In publications, yeah.

19 **Q. Have you ever published any articles**

20 **addressing menisectomy in particular?**

21 A. Well, I published a paper on meniscal

22 allograft transplantation. So that's a procedure that's

23 done -- I think it's in here -- that if a person has a

24 total menisectomy and they have pain, then you can

Page 15

1 transfer a cadaver graft in. So I published a paper on

2 that. And I -- Yeah.

3 **Q. Okay. Mr. Burton didn't undergo an allograft,**

4 **correct?**

5 A. No.

6 **Q. Okay. Great.**

7 **Did you ever publish any papers on the**

8 **debridement of cartilage?**

9 A. No. No.

10 **Q. And, actually, am I pronouncing that**

11 **correctly? Is it debridement or debridement?**

12 A. We usually say debridement, but debridement is

13 okay.

14 **Q. I want to make sure I'm getting it right.**

15 **Have you ever published any papers on**

16 **chondroplasty?**

17 A. No. I had a poster presentation at the

18 International Cartilage Repair Society on autologous

19 chondrocyte implantation, which is like cartilage

20 transplant. So chondroplasty is part of it, but it

21 wasn't the focus of it.

22 **Q. Okay. And have you ever published anything on**

23 **the treatment of postsurgical pain?**

24 A. Well, that kind of depends how you define

Page 16

1 "publish." So the second edition, I'm the editor of the

2 Comprehensive Textbook on the ACL for Orthopedic

3 Surgeons, the second edition of that, which is released

4 three months ago, four months ago. And so I edited -- I

5 wrote 15 -- There's 143 chapters; I wrote like 15 of

6 them then that people -- so we have a section in there

7 on pain, and so I edited -- So I solicited them and

8 edited those chapters but was not the author of them.

9 **Q. Understood. Congratulations on the recent**

10 **publication. I know a lot goes into that.**

11 A. Thank you.

12 **Q. Great. Thanks.**

13 **So now I would like to turn to your prior work**

14 **as an expert in medical cases. You have served as an**

15 **expert in prior cases; is that right?**

16 A. Yes.

17 **Q. And your disclosures listed one case in the**

18 **past four years; is that correct?**

19 A. Can I ask you a question to answer your

20 question?

21 **Q. Please. Yes.**

22 A. So I -- Here and there people send me things

23 to review. So does being an expert mean looking at a

24 case for somebody, or does it mean being deposed or

Page 17

1 testifying? How would you define that?

2 **Q. Typically I would say you have been retained**

3 **and that you would prepare a report on behalf of the**

4 **client. You wouldn't necessarily have to testify. It**

5 **often does involve a deposition.**

6 A. So I don't do a lot of this, and I don't

7 really keep track of it. I can think of -- outside of

8 this one, there's one that I've been retained for right

9 now that I'm reviewing and there was one that I did a

10 couple of years ago where a guy asked me some questions

11 and I send him some reports and then he just stopped

12 asking me questions. But I think he paid me for the

13 report, you know. So those two, this one. That's all I

14 remember offhand. It's possible it's happened one other

15 time.

16 **Q. Are the people who reach out to you to ask you**

17 **to look at other documents lawyers typically?**

18 A. Yes.

19 **Q. Okay. We might follow up after the deposition**

20 **on that work.**

21 **So you are working on this case?**

22 A. Yes.

23 **Q. You said you have been retained in another**

24 **case currently?**

<p style="text-align: right;">Page 18</p> <p>1 A. Correct. Yes.</p> <p>2 Q. To the extent you can state -- I know certain</p> <p>3 things are confidential -- is it a medical malpractice</p> <p>4 case?</p> <p>5 A. No. It's a personal injury case.</p> <p>6 Q. What part of the body is involved?</p> <p>7 A. It's either the knee or the hip. I'm sorry.</p> <p>8 Q. Okay. And you said there was one other case</p> <p>9 you worked on in the past several years; is that right?</p> <p>10 A. Yeah.</p> <p>11 Q. Was that the Cuadrados case?</p> <p>12 A. I don't think so. If you say so, maybe, but</p> <p>13 it doesn't ring a bell. Cuadrados?</p> <p>14 MR. LOMBARDO: Cuadrado.</p> <p>15 MR. O'HARA: Cuadrado. Excuse me.</p> <p>16 BY THE WITNESS:</p> <p>17 A. I hate to say this, it doesn't ring a bell.</p> <p>18 Maybe that was the name of the person.</p> <p>19 Q. It would have been a Cook County, Illinois</p> <p>20 Workers' Compensation matter. Luis Cuadrado vs.</p> <p>21 Paschen?</p> <p>22 A. Maybe. You know, I was asked -- So an IME</p> <p>23 where you do an impairment rating, that doesn't count,</p> <p>24 right?</p>	<p style="text-align: right;">Page 20</p> <p>1 we had just mentioned was Cuadrado.</p> <p>2 Do you recall Kenyon vs. The City of Evanston?</p> <p>3 A. No.</p> <p>4 Q. Do you recall, perhaps, Tsakalakis vs. The</p> <p>5 Commissioner of Social Security? T-s-a-k-a-l-a-k-i-s.</p> <p>6 A. T-s what?</p> <p>7 Q. T-s-a-k-a-l-a-k-i-s.</p> <p>8 A. Not really.</p> <p>9 Q. Todd vs. Martinez?</p> <p>10 A. No.</p> <p>11 Q. Levy vs. The Minnesota Life Insurance Company?</p> <p>12 A. No.</p> <p>13 Q. Mohamad vs. The Hilton Hotels Corporation?</p> <p>14 A. No.</p> <p>15 Q. Goodman vs. The Morton Grove Police Pension</p> <p>16 Board?</p> <p>17 A. No.</p> <p>18 And to be clear, the depositions that I do,</p> <p>19 and I probably do one every other month, are as a</p> <p>20 treater in personal injury cases, you know.</p> <p>21 Q. And many of these might indeed be that.</p> <p>22 A. So I'm sorry to not remember, but I treat a</p> <p>23 lot of patients and I don't necessarily remember who I</p> <p>24 do a deposition on.</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. Could you say that again? I'm sorry, Doctor.</p> <p>2 A. Somebody asked me to do an impairment rating.</p> <p>3 I think it was workers' comp.</p> <p>4 Q. What goes into an impairment rating?</p> <p>5 A. There is a book of rules, the different</p> <p>6 categories of them. So Illinois has one; other states</p> <p>7 have one. And then if someone is impaired from an</p> <p>8 injury, say, then you look at what the diagnostic is</p> <p>9 when you look at other mitigating or exacerbating</p> <p>10 factors and you apply a number, a percent impairment for</p> <p>11 that body part and for their whole body. It's called an</p> <p>12 impairment rating.</p> <p>13 Q. And this goes to a workers' compensation panel</p> <p>14 presumably?</p> <p>15 A. Yes.</p> <p>16 Q. Are you paid for that work?</p> <p>17 A. Yes.</p> <p>18 Q. Okay. So I have a list of cases in which you</p> <p>19 have been involved possibly as an expert or possibly</p> <p>20 doing an impairment rating or perhaps as a treating</p> <p>21 physician. I'm going to go through them. If you could</p> <p>22 provide details, that would be helpful. If you don't</p> <p>23 remember, you can tell me you don't remember because I</p> <p>24 have to admit, they go back some ways. I think the one</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. Don't apologize.</p> <p>2 So I apologize. A few more just in case you</p> <p>3 do recall being deposed or providing a report.</p> <p>4 Bruszewski vs. The Atlantic American Fire</p> <p>5 Protection Co.?</p> <p>6 A. No.</p> <p>7 Q. Poierier vs. Hernandez?</p> <p>8 A. No.</p> <p>9 Q. Smith vs. Community College District 508?</p> <p>10 A. No.</p> <p>11 Q. Kolovos vs. The Cook County Sheriff?</p> <p>12 A. No.</p> <p>13 Q. Wals vs. Badowski?</p> <p>14 A. No.</p> <p>15 Q. Karroll vs. Kleiber?</p> <p>16 A. No.</p> <p>17 Q. Gilkey vs. The Brookside Condominium</p> <p>18 Association?</p> <p>19 A. No.</p> <p>20 Q. Los Iwona vs. Tlueka?</p> <p>21 A. No.</p> <p>22 Q. Sorkin v. Sun?</p> <p>23 A. No.</p> <p>24 Q. Leger vs. The Tribune Co.?</p>

<p style="text-align: right;">Page 22</p> <p>1 A. No.</p> <p>2 Q. Hammerl vs. US Postal Service?</p> <p>3 A. No.</p> <p>4 Q. DV v. US Postal Service?</p> <p>5 A. DV?</p> <p>6 Q. The plaintiff's name is listed as DV. So they</p> <p>7 must have been kept anonymous for some reason by the</p> <p>8 Court.</p> <p>9 A. No.</p> <p>10 Q. Montalbano vs. The University of Illinois</p> <p>11 Hospital?</p> <p>12 A. Montalbano, I at least remember the patient.</p> <p>13 And, actually, I still see her, but...</p> <p>14 Yeah, so I don't know. I might have gotten</p> <p>15 deposed as a treater for her, I guess.</p> <p>16 Q. Okay. Marziarz v. Alicia Cleaning Service?</p> <p>17 A. No.</p> <p>18 Q. Pettigrew v. US Postal Service?</p> <p>19 A. No.</p> <p>20 Q. Basis v. Marriott?</p> <p>21 A. Basis?</p> <p>22 Q. Yes.</p> <p>23 A. No.</p> <p>24 Q. Thank you for bearing with me.</p>	<p style="text-align: right;">Page 24</p> <p>1 So I can think of maybe a couple I've done. So there</p> <p>2 are doctors, I think, that do a lot of work for defense</p> <p>3 and they, like, market themselves. But, so...</p> <p>4 Q. So when you do impairment ratings, is that</p> <p>5 typically for a plaintiff or on the defense side?</p> <p>6 A. Well, the last one I did was plaintiff because</p> <p>7 it was a patient and I think the attorney asked me to do</p> <p>8 it. So I think it would be plaintiff, right? Because</p> <p>9 these would pretty much derive out of patients I take</p> <p>10 care of. And I don't think an insurance company has</p> <p>11 ever solicited me. Because that would be defense,</p> <p>12 right?</p> <p>13 Q. Right.</p> <p>14 A. So I don't think I've done any for defense.</p> <p>15 Q. Okay. Great.</p> <p>16 Other than in this case, have you ever served</p> <p>17 as an expert for the defendant Dr. Ghosh?</p> <p>18 A. No.</p> <p>19 Q. Have you ever served as an expert for Wexford?</p> <p>20 A. No.</p> <p>21 Q. Have you ever served as an expert for the</p> <p>22 plaintiff, Mr. Burton?</p> <p>23 A. No.</p> <p>24 Q. Prior to this case, have you ever worked for</p>
<p style="text-align: right;">Page 23</p> <p>1 Generally speaking, let's say for cases that</p> <p>2 you have been deposed as an expert, typically have you</p> <p>3 been on the plaintiff's or defendant's side?</p> <p>4 A. Well, the one currently is defense. And I</p> <p>5 think the one where I was asked my opinion over a period</p> <p>6 of time and then it kind of went away, I think that was</p> <p>7 defense. And those are the -- So as an expert, you</p> <p>8 said, right? Because as a treater --</p> <p>9 Q. Yes.</p> <p>10 A. -- I think it's on behalf of my patient, you</p> <p>11 know.</p> <p>12 And as I sit here, I had one a long time ago.</p> <p>13 I remember that was, I think, plaintiff, actually. So</p> <p>14 as I sit here, I think I can remember three. I think</p> <p>15 two were defense and one was plaintiff.</p> <p>16 Q. Okay. And then you do testimony as a treating</p> <p>17 physician?</p> <p>18 A. Yes.</p> <p>19 Q. And you also sometimes provide -- I forget the</p> <p>20 term.</p> <p>21 A. Impairment ratings.</p> <p>22 Q. Impairment ratings. That's right.</p> <p>23 A. I was trained to do it, and I just don't get</p> <p>24 asked to do it very often. I was recently, I remember.</p>	<p style="text-align: right;">Page 25</p> <p>1 Cassidy Schade?</p> <p>2 A. Yes. The other one that I mentioned now is</p> <p>3 from them.</p> <p>4 Q. The current one?</p> <p>5 A. Yes.</p> <p>6 Q. Any previous cases with Cassidy?</p> <p>7 A. I don't think so. They may have asked me</p> <p>8 about somebody like a few months ago, but maybe one</p> <p>9 more, maybe not. I don't think so though.</p> <p>10 Q. And could you tell me who the lawyer is or are</p> <p>11 that you are working on with that case?</p> <p>12 A. I may get this confused. So there's a</p> <p>13 Mr. Panatera in this case.</p> <p>14 Q. Yes. Correct.</p> <p>15 A. So there's an attorney whose name I think is</p> <p>16 Stiepfold (Phonetic). I don't know. Maybe he is not</p> <p>17 with Cassidy. I don't know.</p> <p>18 Q. Sure. He might be.</p> <p>19 A. I kind of remember the name Stiepfold.</p> <p>20 Q. Gorsky?</p> <p>21 A. Gorsky?</p> <p>22 Q. Yeah, Steve Gorsky.</p> <p>23 A. No. It's like S-t-i-e-p-f-o-l-d, something</p> <p>24 like that. That's the only lawyer's name that pops into</p>

Page 26

1 my head. So I think that's out there. I think that's
2 another one.

3 **Q. So how often would you say you served as an**
4 **expert where you are actually retained and produce a**
5 **report, by a lawyer?**

6 A. So they pay me something to do something like
7 a report?

8 **Q. Sure. That's a great way of putting it.**

9 A. I think -- I mean, not often. I had one case
10 I remember very well like 15 years ago, although I'm not
11 even sure if I produced a report. I remember talking
12 about it. So there's a couple or three, you know,
13 recently. Not many. Maybe another one. Not many.

14 **Q. So ballpark, in the last ten years, would you**
15 **say greater or less than five?**

16 A. Maybe right around five.

17 **Q. Okay.**

18 A. Less than ten, I think, you know.

19 **Q. Okay. Could you estimate what percentage of**
20 **your income you get from serving as an expert?**

21 A. Yeah. I was thinking about that. This year,
22 I think it will be 1 percent.

23 **Q. Okay.**

24 A. Which I think by virtue of this and the other

Page 27

1 case will be the most it's ever been.

2 **Q. All right. Thank you.**

3 A. Sure.

4 **Q. I would like to talk about your work, I guess,**
5 **in this matter in particular. How did you first learn**
6 **about this case?**

7 A. I was called by the attorney.

8 **Q. Was it Joe Panatera who first reached out to**
9 **you?**

10 A. I have talked to him more lately. It might
11 have been him.

12 **Q. It was a lawyer from Cassidy?**

13 A. It was from Cassidy.

14 **Q. And when were you first contacted?**

15 A. Oh, gosh. I don't know that I exactly
16 remember. Maybe six months.

17 **Q. Six months ago?**

18 A. Yeah. I don't really remember, but it wasn't
19 two years and it wasn't last week, so...

20 **Q. Have you been formally retained to work as an**
21 **expert on this matter?**

22 A. So forgive me. I'm not sure that I know what
23 "formally retained" means. Did I sign some kind of a
24 contract with them?

Page 28

1 **Q. Yes.**

2 A. To tell you the truth, I don't know that
3 either. I might have. They might have given me
4 something to sign. I don't know.

5 **Q. At what point -- But there's an agreement in**
6 **place between you and the firm to provide services in**
7 **this case, correct?**

8 A. Well, what I can tell you for sure is that
9 somebody communicated with me and said there was this
10 case and, I think, told me a little bit about it and
11 asked if I was interested in reviewing it and I said
12 yes. And they asked me what I charge and I told them
13 what I charge. And I think I sent them a bill, you
14 know. So that much has happened. Beyond that, as far
15 as the formal paperwork accoutrements, I really don't
16 remember.

17 **Q. Okay. So to your knowledge, you haven't**
18 **executed a formal retainer agreement?**

19 A. I may have. I honestly don't really pay a lot
20 of attention. I sign a lot of stuff, you know. I may
21 have.

22 **Q. Okay.**

23 A. They seem like honorable people, so I probably
24 have like a few legal agreements, you know.

Page 29

1 **Q. And what was your assignment in this matter?**

2 A. My assignment?

3 **Q. What were you asked to do?**

4 A. I was asked to review the case and give
5 opinions of relevant parts of it, I think.

6 **Q. Gotcha.**

7 **And you have received compensation in**
8 **connection with your work in this case so far?**

9 A. Yes.

10 **Q. And do you know how much you been paid to**
11 **date?**

12 A. Yeah. I got a check today for \$4,000. It's
13 \$1,000 an hour for what might be a four-hour deposition.

14 MR. O'HARA: Howard, can you hand me the next
15 binder?

16 MR. KAPLAN: Number 3?

17 MR. O'HARA: Yes. I'm holding a document entitled
18 response to Deposition Rider to Dr. Prodromos and I'm
19 going to mark it as Plaintiff's Exhibit 2.

20 (WHEREUPON, a certain document was
21 marked Plaintiff's Deposition
22 Exhibit No. 2, for identification,
23 as of 01/04/2018.)
24

Page 30

1 BY MR. O'HARA:

2 Q. Do you recognize this document, Doctor?

3 MR. O'HARA: And for the record, this has been

4 given the Bates stamps of Burton 19 through 33.

5 BY THE WITNESS:

6 A. Do I recognize it? I mean, it's a document

7 relating to this case. Do I remember the pieces of

8 paper and what's on it? Not really.

9 Q. Okay. So to clarify, I guess there's a couple

10 parts of this document. The first is Response to

11 Plaintiff's Exhibit Rider of Dr. Prodromos, which was

12 signed by Joseph Panatera, opposing counsel in this

13 case. And then there's a series of what looks like fax

14 messages and e-mails between Joe Panatera and yourself.

15 Is that correct?

16 A. I guess.

17 Q. And in this case you charged \$2,000 for a

18 chart review and phone time; is that correct?

19 A. Yes.

20 Q. And what did that entail, that work?

21 A. You know, reviewing. So I was given records,

22 so I reviewed the records for the case and then we spoke

23 on the phone.

24 Q. And you are charging \$4,000 for your time

Page 31

1 today?

2 A. Yes. It's \$1,000 an hour for live time and we

3 had to book the four, so yeah.

4 Q. Sure. So you charge on an hourly basis for

5 your services as an expert?

6 A. Yes.

7 Q. And how much do you charge per hour?

8 A. So for face time, as it were, \$1,000; and for

9 paperwork, \$500 an hour.

10 Q. Sure. And are you reimbursed for expenses or

11 costs?

12 A. I don't know. If there were some, maybe I

13 would ask. I don't think there are any expenses. I

14 don't think so. No, no expenses or costs.

15 Q. Is your compensation in this matter in any way

16 dependent on the outcome of this case?

17 A. No.

18 Q. And do you send your bills directly to the

19 Cassidy firm?

20 A. As opposed to what?

21 Q. Any other method, I suppose.

22 A. So I have a woman in the office and we do

23 these things. I tell her what I did, and then she talks

24 to them and gets paid. So from the firm, yes.

Page 32

1 Q. Did you have any support staff working with

2 you for your expert work on this matter?

3 A. Not really. The only support I had was the

4 same woman. She like gives me things, you know. I

5 mean, she will give me records or discs or paper. But,

6 no, I did not have anybody review what was in the

7 records.

8 Q. So she performed clerical tasks, you could

9 say?

10 A. Yes.

11 Q. Okay. But you were the only person doing

12 substantive review --

13 A. Correct.

14 Q. -- of the records?

15 A. Correct.

16 Q. Okay. How did you receive the documents that

17 you reviewed in this case?

18 A. Some of them I got, maybe all of them, via

19 e-mail for files. When I was reviewing it, you know --

20 so basically that. There might have been -- I don't

21 think any paper was sent. I think that's all there was.

22 Q. So if you look at Exhibit 2, there's a series

23 of e-mails from Mr. Panatera to yourself. I believe he

24 sent five attaching a series of documents. Does that

Page 33

1 conform with your recollection?

2 A. I really don't recall. I was looking at it

3 and I have a digital file and a digital file has a

4 variety of, you know, records from various places or

5 various people. I don't know if it was five. I think

6 the total number of files was probably more than five.

7 In fact, I'm sure it was more than five.

8 Q. I think there might have been multiple files

9 and several e-mails.

10 A. Yeah. There are redundant e-mails too, and I

11 asked her to aggregate all the stuff again so I could

12 make sure I wasn't missing anything. So I think these

13 things were sent redundantly on my behalf because I

14 wanted to make sure I didn't lose anything.

15 Q. And you believe the universe of documents you

16 received were sent through those e-mails?

17 A. You said the universe of documents? The

18 totality of them?

19 Q. The totality of them.

20 A. Well, for sure they were sent through e-mail.

21 Whether there was like a disc sent as well, that's

22 possible.

23 Q. Okay. Have you received e-mails -- Excuse me.

24 Have you received any documents for your

Page 34

1 review from anyone outside the Cassiday firm?

2 A. No.

3 Q. Could we go back to Exhibit 1, your expert

4 report? If you would turn to Bates stamp BUR5, we have

5 a listing of materials reviewed.

6 A. Okay.

7 Q. These are plaintiff's complaint at law; the

8 defendant, Dr. Ghosh's answer to the complaint;

9 Wexford's answer to the complaint; the plaintiff's

10 deposition transcript; Dr. Ghosh's transcript;

11 plaintiff's medical records from the University of

12 Illinois at Chicago; plaintiff's medical records from

13 the Illinois Department of Corrections; plaintiff's

14 grievances from IDOC; the expert report of Vincent

15 Cannestra, M.D.; and Dr. Cannestra's deposition

16 testimony.

17 A. Okay.

18 Q. Is it true that you reviewed those materials?

19 A. Yes.

20 Q. And did you review any materials outside of

21 those listed in this list?

22 A. Well, I reviewed -- There were Stateville

23 records and there were U of I records and there were

24 Pontiac records. So I don't know -- None of these say

Page 35

1 Pontiac. It's Pontiac, but it's not labeled Pontiac; is

2 that right?

3 Q. Pontiac and Stateville records both would have

4 come under the Illinois Department of Corrections.

5 A. Okay. Did I review anything else? Not that I

6 recall offhand.

7 Q. To your knowledge, is this a complete list of

8 materials that you reviewed in this matter?

9 A. Yes. Don't completely hold me to it, but I

10 think so.

11 Q. I think we do have to hold you to, at some

12 point, what materials you reviewed as far as you know.

13 A. Well, you know, they're on my computer, on my

14 little discs. I don't have this handy, so this looks

15 pretty much like it. But absent that list, I could not

16 guarantee it. So I don't want to give you just an

17 offhand answer.

18 Q. Maybe we could take a break at some point

19 later and you could briefly -- Do you have the computer

20 with you?

21 A. No. I would have to go home and get it. It's

22 at home.

23 MR. LOMBARDO: This is everything we provided,

24 Dr. Prodromos. Is there anything that we didn't provide

Page 36

1 you that you got on your own?

2 THE WITNESS: No. That being the case, then I

3 guess it's probably everything.

4 MR. O'HARA: Thank you.

5 MR. LOMBARDO: Sorry to interject.

6 MR. O'HARA: No, not at all. I appreciate it.

7 It's helpful.

8 BY MR. O'HARA:

9 Q. Are there any documents that you reviewed in

10 your work in this case, that you reviewed but decided

11 not to rely on?

12 A. There were some that were less relevant than

13 others, but what you just said would seem to me to be

14 that I reviewed it and thought that it was specious,

15 something, I don't know. So nothing like that.

16 Q. That's fair.

17 Did you bring any documents with you to the

18 deposition?

19 A. Yes. I brought some notes that I took.

20 Q. Do you have those with you?

21 A. Yes. It's a one-page thing.

22 MR. LOMBARDO: We can make a copy of that for you

23 guys if you want.

24 MR. O'HARA: If we could do that during a break,

Page 37

1 that would be great.

2 MR. LOMBARDO: It looks like an abstract of some

3 relevant dates.

4 MR. O'HARA: Thank you. That's very helpful.

5 BY MR. O'HARA:

6 Q. Were there any documents you would have liked

7 to have reviewed that Counsel did not provide you?

8 A. No.

9 Q. Let's turn back to Exhibit 2 if you don't

10 mind. On the second page there was a request D. We had

11 requested copies of citations of any and all textbooks,

12 reference works, periodicals, and any other published

13 documents upon which the witness relies in support of

14 your opinions. In response, your counsel directed us to

15 your CV and, quote, all documents and presentations

16 referenced in the CV. Is that correct?

17 A. Yeah, I guess so.

18 Q. As we discussed earlier, in Exhibit 1 on your

19 CV, the bibliography lists a number of publications.

20 Did you rely on each article and presentation listed or

21 on some in particular or all of them simply generally?

22 A. So the best way I can answer that is that I

23 pretty much rely on the sum and substance of, you know,

24 all the literature with which I'm conversant. So to

Page 38

1 answer you specifically, no, there's no one document
2 that I relied on if that's the crux of your question.
3 **Q. That is. Thank you.**
4 **As far as today's deposition is concerned, did**
5 **you do anything in preparation?**
6 **A. I did, yeah. I just reviewed things again.**
7 **Q. Sure. Could you describe any preparation you**
8 **undertook?**
9 **A. Can I describe what I did?**
10 **Q. Yes.**
11 **A. I had taken notes and reviewed everything for**
12 **the first time we were supposed to do this when -- I**
13 **apologize -- I got sick. And so I just got my notes out**
14 **again and looked at that, looked at the Stateville one**
15 **in particular one more time.**
16 **Q. Did you meet with Counsel in preparing for**
17 **this deposition?**
18 **A. Well, I met with Counsel prior to the**
19 **deposition on-site today for a little bit.**
20 **Q. Okay. Did you have any phone calls prior to**
21 **the deposition today?**
22 **A. Myself, no. The office did to schedule it.**
23 **But no.**
24 **Q. So you met with Counsel in person for the**

Page 39

1 **first time today prior to the deposition?**
2 **A. Yeah. I think the last call I had was**
3 **Mr. Panatera, I think. Yeah. So yeah. Yes.**
4 **Q. And when was your last call with Mr. Panatera?**
5 **A. You know it was a while ago. I don't remember**
6 **exactly. A couple of months, maybe.**
7 **Q. Okay. How long did your phone conversations**
8 **with Counsel from Cassidy last in total?**
9 **A. So unlike you guys, I don't even really keep**
10 **track. I think the last one might have been a half-hour**
11 **or something.**
12 **Q. How long did your meeting today last?**
13 **A. Like 25 minutes.**
14 **Q. Was anyone else present during your meeting**
15 **today?**
16 **A. No.**
17 **Q. And was anyone else present on your previous**
18 **phone calls --**
19 **A. No.**
20 **Q. -- with the attorneys?**
21 **A. No.**
22 **Q. Did you review any documents with Counsel**
23 **during these meetings?**
24 **A. No. Well, these notes, I showed him these**

Page 40

1 notes.
2 **Q. You reviewed those notes?**
3 **A. Yes. I just told him I was going to have**
4 **this. I just said I have these notes that I am bringing**
5 **with me.**
6 **Q. But you didn't review any case documents?**
7 **A. No.**
8 **Q. Okay. Have you had communications with any**
9 **other experts in this case?**
10 **A. No.**
11 **Q. Okay. Terrific.**
12 **And one more follow-up before we get into the**
13 **substance of the report. In your work as an expert, so**
14 **not necessarily as a physician but as an expert, have**
15 **you ever taken part in any cases where any party was**
16 **incarcerated?**
17 **A. Besides this one, right?**
18 **Q. Besides this one.**
19 **A. I don't think so.**
20 **Q. And do any of the patients you treat as a**
21 **physician, currently or in the past, have they been in**
22 **prison or jail?**
23 **A. I mean, I have had a couple, a few over the**
24 **years. I don't think -- I definitely don't have anybody**

Page 41

1 now. I mean, like were they in jail when I was taking
2 care of them?
3 **Q. Or they might be brought here on an outpatient**
4 **visit from jail?**
5 **A. So like jail prisoners that I took care of.**
6 **There may have been one or two a long time ago but not**
7 **many and not for a while.**
8 **Q. Not recently?**
9 **A. No.**
10 **Q. Okay. Thank you.**
11 **So let's turn to your report itself. I think,**
12 **beginning on page BUR7. So on page BUR7 you list your**
13 **opinions in this case. And you say, The following**
14 **opinions are given with a reasonable degree of medical**
15 **certainty and are based upon my knowledge, experience,**
16 **training, and education. Could you please read your**
17 **opinions in this case?**
18 **A. Dr. Ghosh and the medical staff at Stateville**
19 **complied with the standard of care regarding the**
20 **treatment provided to Mr. Burton at that facility**
21 **subsequent to the procedure performed at UIC on**
22 **October 19, 2010.**
23 **Q. Could you read each of them, Doctor?**
24 **A. Number 2, the arthroscopic knee surgery that**

<p style="text-align: right;">Page 42</p> <p>1 Mr. Burton underwent on October 19, 2010, is a minimally 2 invasive procedure and cannot be attributed to causing 3 Mr. Burton's significant pain. 4 Number 3, Tylenol 3 with codeine is an 5 appropriate substitute for Norco in treating Mr. Burton 6 for any acute pain he may have been experiencing 7 immediately following the October 19, 2010 arthroscopic 8 knee surgery. 9 Number 4, Dr. Ghosh complied with the standard 10 of care when he substituted ibuprofen for Tylenol 3 with 11 codeine after the acute state of Mr. Burton's 12 postoperative treatment. 13 THE REPORTER: I'm going to have to ask you to slow 14 down. 15 THE WITNESS: I'm sorry. 16 BY THE WITNESS: 17 A. So number 4, Dr. Ghosh complied with the 18 standard of care when he substituted ibuprofen for 19 Tylenol 3 with codeine after the acute stage of 20 Mr. Burton's postoperative treatment because it is an 21 effective and much less dangerous medication for 22 treating any pain Mr. Burton may have been experiencing. 23 Number 5, Dr. Ghosh complied with the standard 24 of care by providing Mr. Burton with an immobilizing</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. In your report. 2 A. Did I include anything else in the report? I 3 don't think so. 4 Q. So that represents the complete list of your 5 opinions that you developed for your report? 6 A. I think, yes. 7 Q. Okay. And I think that's the last time we are 8 going to be reading long stretches. 9 And you claim that the bases for your opinions 10 are, quote, my education and experience as well as my 11 review of the above-referenced records, end quote; is 12 that correct? 13 MR. LOMBARDO: Object to form. I think that 14 mischaracterizes what he said. 15 But go ahead. 16 BY THE WITNESS: 17 A. Well, there was -- I also said training. So 18 it says, Are based on my education, training, 19 experience, and knowledge. I think what I just read is 20 more accurate. I think what you read is something a 21 little different. 22 Q. Sure. I can read that. So the bases of your 23 opinions are your education, experience, training, and 24 knowledge; is that correct?</p>
<p style="text-align: right;">Page 43</p> <p>1 knee brace, crutches, a low bunk permit, and physical 2 therapy. In addition, I see -- I'm sorry -- to 3 anti-inflammatory medication, subsequent to his 4 October 19, 2010 arthroscopic knee surgery. 5 Number 6, any complaints of problems after the 6 first week after surgery are unrelated to Mr. Burton's 7 postoperative acute pain and it would not be clinically 8 appropriate to treat any such medicines with dangerous 9 opioid medication. 10 Q. Just in the end there, I believe it would not 11 be clinically appropriate to treat any such symptoms 12 with dangerous opioid medication. 13 A. Yes. I'm sorry. 14 Q. Not at all. 15 Are theses opinions you developed in this 16 case? 17 A. Yes. 18 Q. And is this the complete list of your opinions 19 in this matter? 20 A. Were there other opinions? Is that what 21 you're asking? 22 Q. Correct. 23 A. Well, I mean, I might have other opinions on 24 other things if I were asked other things.</p>	<p style="text-align: right;">Page 45</p> <p>1 A. Yes. 2 Q. And are these the bases for each of the six 3 opinions? 4 A. Yes. 5 Q. Okay. So let's turn to opinion number 1. 6 Dr. Ghosh and the medical staff at Stateville complied 7 with the medical standard of care. What documents did 8 you consider in reaching that opinion? 9 A. Firstly, the Stateville records from when he 10 came back -- I guess it was called the infirmary, I'm 11 not sure, but there were nurse's notes and such for the 12 day of and the first few days after his return. 13 Secondly, the report of surgery by the 14 operating surgeon, and I looked at a number of the 15 documents, but pretty much those. 16 Q. You would say the Stateville records and the 17 surgery report are the two primary bases for that 18 opinion? 19 A. Yes. 20 Q. What particular facts did you rely in reaching 21 that opinion? 22 A. Well, I can quote or paraphrase from the 23 medical record. The things that were particularly 24 persuasive to me. So firstly there's the procedure</p>

<p style="text-align: right;">Page 46</p> <p>1 itself. He had an arthroscopic knee surgery. 2 Arthroscopy is inherently a minimally invasive 3 procedure, just two little punctures in the skin as you 4 know. However -- and I'm an arthroscopic surgeon; 5 almost all my surgery now is arthroscopic -- within the 6 broad rubric of arthroscopic surgery, there are more and 7 less invasive ones. 8 So in his case, for example, he had a lateral 9 menisectomy, a partial menisectomy. So menisectomies -- 10 and I just did one a couple hours ago -- can involve 11 biting pieces of the meniscus and they can involve 12 cranking on the knee and opening it up. And it's not a 13 big deal no matter what, but some are more invasive than 14 others. 15 In his case all he had was shaving of the 16 central border. So that's -- it's kind of a stretch to 17 call it a menisectomy. I mean, it is, but it's -- you 18 do very little. You just stick a little shaver in 19 there. The meniscus itself has no nerve endings. You 20 don't have to torque the knee to open it up. So as 21 menisectomies go, it was extremely minor. He had a 22 loose body removed, which is just kind of a thing 23 floating around in the knee. You are not cutting 24 anything; you are not cranking on the knee; you just</p>	<p style="text-align: right;">Page 48</p> <p>1 mode of pain relief for patients. We use ice primarily. 2 We use medications of any kind secondarily. Though he 3 was iced, so I thought that was good. And he was given 4 Tylenol with codeine. 5 So you are asking me what I relied on or what 6 was persuasive for this first opinion. Got it. Okay. 7 So the ice certainly complies with the standard of care. 8 Tylenol 3. So I gather this is the point of contention 9 in this case and I don't want to digress too much, but 10 the issue came up -- perhaps I can say that 11 Dr. Cannestra stated at some point, I think, that he 12 didn't think that was an appropriate thing for 13 post-arthroscopy and one thing and another. But, 14 actually, it used to be used fairly often. It isn't 15 used as much anymore, but for no particular reason. 16 Tylenol 3 has 30 milligrams of codeine per tablet. 17 Codeine -- an equianalgesic dose of hydrocodone, which 18 is probably more frequently used, is 6 to 1. So a 19 classic Vicodin is a 5-milligram hydrocodone tablet, 20 which is often used for this. That is the same 21 analgesic, equianalgesic opioid effect as a single 22 Tylenol 3. And two Tylenol 3, which is what he ordered, 23 is the same as 10 of hydrocodone, which is kind of a lot 24 for a simple scope.</p>
<p style="text-align: right;">Page 47</p> <p>1 stick a little grabber in there to remove it. 2 He had a chondroplasty of his medial femoral 3 condyle. So that is the same thing; it's kind of 4 shaving little fronds, if you will, of what's called 5 articular cartilage. So, again, that articular 6 cartilage has no nerve endings. There are other more 7 invasive things like the thing I just did, the 8 microfracture. I poked little holes in the bones. Bone 9 does have nerve endings; cartilage doesn't. 10 So, basically, in looking at arthroscopy, his 11 was -- there was very, very little done and nothing 12 really that would cause any pain except for the fact 13 that there is certainly pain involved just from sticking 14 the scope in your knee. It's like getting stabbed with 15 a little spear. 16 So the first thing was to see exactly what did 17 the doctor do when he was in there. And it was not 18 much, number one. 19 Number two, at the Stateville -- first of all, 20 the patient stated his pain -- this was the day of 21 surgery. The first note that I saw from the nurse was 5 22 on a scale of 1 to 10, which, for a postoperative 23 patient, is not particularly severe. He was then given 24 at 3:55 -- he was iced, which is actually my primary</p>	<p style="text-align: right;">Page 49</p> <p>1 My point being -- you know, the question was: 2 Because he switched to Tylenol 3 from the hydrocodone, 3 was he being undermedicated. And, in fact, he wasn't. 4 In fact, it's an equianalgesic dose, maybe more than he 5 would have needed. So that was relevant to me. 6 And then at 5:00 p.m. it mentioned that 7 again -- it didn't specify, but that note in particular 8 said two Tylenol 3 tablets were given. So that's strong 9 stuff. And when I first started in practice, people 10 used Tylenol 3 and Tylenol 4 a lot. Why don't they now? 11 No particular reason. I think it's just fashion. So 12 what matters is equianalgesic dose and it's fine and has 13 less, actually, abuse potential for hydrocodone, anyway. 14 So then at 3:00 a.m., the nurse notes -- First 15 of all, she notes that her pain meds were given. So the 16 question is these were ordered; were they, in fact, 17 given. But from the nurse's notes, it appears they were 18 and that the patient, quote, slept good, closed quote, 19 indicating he was comfortable. 20 So the standard of care being was he 21 adequately treated by Dr. Ghosh who -- in whose care he 22 was at that time, and these things all indicate that he 23 was. At 11:30 a.m. it is noted, quote, The knee is 24 slightly swollen, closed quote, the idea being slightly.</p>

Page 50

1 So the point being slightly, not severely swollen. And
2 then about the wound, quote, it says, No discharge or
3 bleeding, covered the wounds with Betadine, closed
4 quote.

5 So, you know, the wounds looked good. The
6 nurse was attentive. I know there's an issue
7 elsewhere -- it may not relate to this at all -- about
8 whether the patient was neglected; his dressing was
9 never changed; the stitches weren't taken out. But here
10 the dressing was clearly changed because the nurse
11 examined it and covered it with Betadine, and you can't
12 do that unless you change the dressing. So he was --
13 and this is the next morning. And that's typically what
14 one will do, is change it the next day, although you can
15 leave dressings on much longer.

16 And then there's a note, I think, from that
17 same time that says as far as the Motrin that was given.
18 It says, quote, Motrin 400, one to two tablets Q eight
19 hours PRN times 30 days, closed quote. So ibuprofen is
20 a pretty good analgesic. And, again, we talk about
21 equianalgesic doses of medicine. So 2200 -- so two 400s
22 Q eight, every eight hours, would be -- so two tablets
23 three times a day, that's 2400 milligrams a day. The
24 equianalgesic dose for 10 milligrams of hydrocodone,

Page 51

1 which would be two typical Vicodins is 2220. So the
2 point being that the stuff you buy over the counter for
3 Motrin is 200 milligrams, so it's much weaker. This is
4 prescription strength. So he was prescribed the
5 equivalent of 10 milligrams of -- so he was prescribed
6 an ibuprofen dose that was equianalgesic of
7 10 milligrams of hydrocodone, which should be more than
8 enough for what he had for this next day.

9 Also persuasive to me, on the same day there
10 was a quote from the nurse, quote, No complaints of pain
11 or discomfort at this time, closed quote. So those --
12 and I would add that I know that -- you know, I
13 understand there's a discrepancy; different people felt
14 different things about the care that he got, the
15 plaintiff and the defendant and such. But Dr. Ghosh is
16 to be absolutely commended because it is the easiest
17 thing in the world to give people lots of narcotics, and
18 very bad things happen. And so this doctor actually --
19 he could have just as easily -- at least I think he
20 could have -- just have taken -- the doctor at the
21 hospital prescribed -- I don't have this written down
22 here -- but I think 50 milligrams -- 50 tablets of
23 hydrocodone.

24 So, you know, you can prescribe more if you

Page 52

1 are monitoring the situation. So I think it's kind of a
2 lot for this, but it's not wrong for that surgeon to
3 have done that. But it's incumbent -- but that surgeon
4 is out of the picture now. Dr. Ghosh is taking care of
5 him. And it's the mark of a good doctor, which he is,
6 that he evaluated the patient, that he gave him
7 appropriate medicines for what his problem was.

8 So I think he exceeded the standard of care
9 because I don't think a lot of doctors would have done
10 that. And I see people that are overmedicated all the
11 time. So and then, also, to get him on the ibuprofen
12 and off the narcotics also.

13 And it also should be pointed out that, as
14 you, I'm sure, are aware, Mr. Burton was listed as being
15 bipolar and he had psychoactive drugs. I don't know how
16 many of those he was taking at the time. I know there
17 were issues with compliance with taking them; but
18 narcotics, unlike nonsteroidal anti-inflammatories like
19 Motrin, are psychoactive. So it's particularly
20 beneficial -- and I try to do this myself -- to not have
21 people taking multiple psychoactive drugs. So I thought
22 getting him off of even the Tylenol 3 because it was a
23 pretty significant dose of narcotic -- to getting him on
24 a perfectly adequate dose of a nonsteroidal, I thought

Page 53

1 was also a very good thing.

2 So those are the main points.

3 Q. Thanks, Doctor.

4 Let's turn back to BUR5 in your report which
5 begins Discussion. In that first paragraph you say, I'm
6 of the opinion that Dr. Ghosh and the medical staff at
7 Stateville Correctional Center complied --

8 A. I'm sorry. Under Discussion?

9 Q. Right. In that first paragraph you say, I am
10 of the opinion -- I skipped the first part of that
11 sentence, I apologize, based on my education --

12 A. I got it.

13 Q. I'm of the opinion that Dr. Ghosh and the
14 medical staff at Stateville Correctional Center complied
15 with the standard of care regarding the treatment
16 provided to Plaintiff, Alnoraindus Burton, at that
17 facility subsequent to the procedure performed at UIC.
18 That's one of your opinions, correct?

19 A. Yes.

20 Q. Do you believe the standard of care is
21 different for prisoners than from other patients?

22 A. No.

23 Q. And your opinion above says that Dr. Ghosh and
24 the medical staff at Stateville complied with the

Page 54

1 standard of care.

2 A. Yes.

3 Q. You don't identify which other medical staff

4 in particular; is that correct?

5 A. I don't identify, no.

6 Q. So is it your opinion that all Wexford staff

7 that treated Mr. Burton at Stateville following his

8 surgery complied with the standard of care?

9 MR. LOMBARDO: Object to form.

10 BY THE WITNESS:

11 A. Well, I mean, I wouldn't want to be

12 responsible for every action that every healthcare

13 professional provided, but regarding the relevant --

14 particularly the relevant -- and by the way, I reviewed

15 these records way the heck out for a long period of

16 time. But, yeah, I mean, I thought his care was good

17 overall.

18 Q. So, I guess, maybe the way I could rephrase

19 that is: Who is encompassed within what you described

20 as the medical staff at Stateville?

21 A. Pretty much the nurses is what I was thinking

22 of, the nurses at the time that I was just quoting from

23 that were delivering the meds.

24 Q. So then if we move on, I believe the next

Page 55

1 sentence, you say specifically, The medication that

2 Dr. Ghosh and the Stateville medical staff provided to

3 Plaintiff after his surgery was a safe and effective way

4 to control any minor postoperative pain that resulted

5 from this minimally invasive arthroscopic procedure.

6 That's another one of your opinions, correct?

7 A. Right.

8 Q. In this opinion you don't opine that it was an

9 effective way to control moderate or severe

10 postoperative pain, do you?

11 A. Those are not the words that I used, although

12 he wasn't in severe pain by his own admission.

13 Q. So let me just ask that again. It's not your

14 opinion that the treatment Dr. Ghosh and the Stateville

15 medical staff provided was safe and effective to control

16 moderate or severe pain?

17 A. To tell you the truth, what I probably should

18 have said here -- It all depends upon how you want to

19 phrase it. Certainly moderate, severe -- you see, it

20 depends how you want to define -- The best way to say

21 this is that it was appropriate to control the pain that

22 the patient had. Probably I should have left the

23 modifier off entirely.

24 Q. But it's your opinion that Mr. Burton was

Page 56

1 undergoing minor pain?

2 A. Well, I don't know. Again, it's a question of

3 definition. What I write in my notes actually is I will

4 write appropriate postoperative pain. So I would say

5 that he had -- you know, see, it all depends. Is it

6 minor pain in the context of surgical procedures? It is

7 because it's a minor procedure. You know, is it -- so I

8 think it was appropriate pain, I think, in the total

9 spectrum of things. You know, comparing this to major

10 procedures, it was minor pain. I guess -- I don't know.

11 Probably the right thing to say would have been

12 "appropriate pain." It was appropriate to control the

13 pain that he had after this minor procedure.

14 Q. Okay. But as far as the opinions you listed

15 in your report, your opinion didn't state that the care

16 was appropriate for moderate or severe pain; is that

17 correct?

18 A. Well, if you are asking the words that I

19 wrote, I did not use the words moderate or severe, but I

20 didn't use them because he wasn't in them. So, yeah,

21 obviously that's correct. I didn't use those words, so

22 you don't need me to reaffirm that. But had he had that

23 kind of pain -- actually, had he had that kind of pain

24 prior to this, which there's no evidence that he did,

Page 57

1 then it would have been effective for that because it

2 controlled his pain pretty well. Do you know what I

3 mean?

4 Q. Right. But you did use the word "minor" in

5 the opinion, so I'm just trying to clarify. Your

6 opinion is limited to the fact that it was a safe and

7 effective way to control minor postoperative pain, not

8 moderate or severe postoperative pain?

9 MR. LOMBARDO: Objection. Form.

10 BY THE WITNESS:

11 A. I don't think what you are saying is true.

12 And if you are indeed asking me to clarify -- that's

13 what you just said -- I attempted to clarify the meaning

14 of the word in that context. So had he not had any pain

15 medicine, maybe he would have had moderate or severe

16 pain, but he didn't. So if you are looking for a

17 clarification, that's the clarification.

18 So I think it kind of sounds like you are

19 saying if he had moderate or severe pain, this would

20 have been grossly inadequate. And you really can't say

21 that because he didn't have it. In fact, all you can

22 really do, which Dr. Ghosh did, is what a good doctor

23 would do, which he recorded too is you titrate the

24 patient's pain to the medication they are getting. You

Page 58

1 don't want them to have severe pain because then you
2 would have been undermedicating them, and that never
3 happened.

4 And it might have been if he had -- if he had
5 severe pain before, which there's no evidence that he
6 did, it might have been okay for that. That's the
7 equivalent of ten hydrocodone. That's a lot. The two
8 T3s is more than I would have given him initially. He
9 could have had severe pain and that could have been
10 enough to control it, but there's no way to know. What
11 he manifested with was minor; that's why I said minor.

12 Does that clarify.

13 **Q. Yeah. But in your report you don't offer**
14 **opinions as to what would have been appropriate for**
15 **moderate or severe pain; is that correct?**

16 MR. LOMBARDO: Objection. Form.
17 BY THE WITNESS:

18 A. Yeah. I mean, right. I could have elaborated
19 more in those what would have been hypotheticals to my
20 way of thinking and did not.

21 **Q. Okay. You touched on this a little bit**
22 **earlier, but could you explain what makes an**
23 **arthroscopic procedure minimally invasive?**

24 A. Sure. First of all, it is invasive because

Page 59

1 you are sticking something into somebody. But there are
2 two punctures used and those punctures are typically a
3 quarter of an inch big. They are placed through skin,
4 not put through tissue that tends to produce pain like
5 muscle or bone, that kind of thing. And then so the
6 fact there's no real incision is part of it. That's
7 what makes arthroscopic surgery minimally invasive as a
8 broad category. Beyond that, as I described earlier, it
9 kind of depends what you do with the scope once you are
10 in there. And as I elaborated on in some detail before,
11 there was very, very little done with the scope when he
12 was in there. And in particular he didn't cut,
13 traumatize, affect, act on any tissue that even has
14 nerve endings except for the fact that moving the scope
15 in the knee, you bump up into the synovial a little bit.
16 So it's a minimally invasive procedure to begin with and
17 his was way toward the most minimally invasive spectrum
18 of arthroscopic procedures.

19 **Q. So just to make sure I'm understanding -- I**
20 **think I do -- all scopes, basically, are minimally**
21 **invasive by the fact that it's arthroscopic, but there's**
22 **a range of invasiveness further within that minimal**
23 **range that different procedures can have?**

24 A. Correct.

Page 60

1 **Q. What would you describe as a significantly**
2 **invasive arthroscopic procedure within that range?**

3 A. You mean what would I call one that would be
4 likely to produce more pain?

5 **Q. Well, you described it as a minimally invasive**
6 **arthroscopic procedure, and so I'm -- and you said**
7 **there's a range within it for what is more or less**
8 **invasive. So I guess I'm wondering --**

9 A. It's not really that -- I'm sorry. I
10 interrupted you.

11 **Q. I guess I'm wondering what an example of a**
12 **more invasive would be.**

13 A. So there's two -- maybe this is a semantics
14 thing. But it's a minimally invasive, basically,
15 procedure because you are not making an incision; you
16 are not cutting through muscle to get in there. It
17 isn't so much the invasiveness when you are in. I was
18 trying to explain that it's the pain-inducing things
19 that you do when you are in there.

20 So it's minimally invasive no matter what.
21 But within this minimally invasive procedure, you could
22 do things that make it a more painful or more likely to
23 be pain-inducing minimally invasive procedure. And
24 there isn't an exact correlation, by the way. I mean,

Page 61

1 people have a spectrum of pain for similar procedures
2 for reasons unknown. However, I think the essence of
3 what you are asking is what could have made it more
4 painful, to what I referred to earlier. For example, a
5 microfracture, which is something at least I see fairly
6 often. It's a weird name, but you poke little holes in
7 the bone, drill holes in the bone that allow stem cells
8 to grow new cartilage. So then you are drilling in the
9 bone; that tends to hurt more. If you have a peripheral
10 meniscal tear -- so the central part of the meniscus
11 where his was shaved is very easy to access
12 arthroscopically. You put a little shaver in and the
13 shaver goes up against that edge and you don't have to
14 torque the knee.

15 One of the things that can make a procedure
16 painful is if you have to get closer to the periphery of
17 a joint in order to get the instrument there without
18 damaging the articular cartilage, you have to open up
19 the joint. That involves stretching the ligament. It's
20 not that big a deal, but it tends to hurt more because
21 you are torquing the knee. For what he did, there's
22 really no torquing of the knee involved. If you do a
23 synovectomy where you are cleaning out a lot of
24 synovium -- synovium is reasonably heavily innervated

<p style="text-align: right;">Page 62</p> <p>1 and that tends to hurt more.</p> <p>2 So he could have had done a microfracture,</p> <p>3 could have done a synovectomy, could have done something</p> <p>4 that involved torquing the knees more. Sometimes people</p> <p>5 even trim a little -- I don't -- but the medial</p> <p>6 collateral ligament to open the knee more is your -- you</p> <p>7 know, ACL reconstruction is arthroscopic, but it's --</p> <p>8 you do all kinds of stuff. You do -- we cut bone in the</p> <p>9 notch; we shave the ligament ends. Ligaments are</p> <p>10 heavily innervated. That wasn't done there.</p> <p>11 So what else? There's a thing called a</p> <p>12 lateral retinacular release which is done</p> <p>13 arthroscopically and you cut the retinaculum to free up</p> <p>14 the patella. So the same little punctures, but you're</p> <p>15 cutting the heavily innervated tissue. That tends to</p> <p>16 hurt more.</p> <p>17 Those are most of the things that could be</p> <p>18 done to make it -- that would be a more pain-inducing,</p> <p>19 all else equal, minimally invasive procedure that was</p> <p>20 not done in this case.</p> <p>21 Q. Thank you. That's really helpful.</p> <p>22 So the invasiveness of various arthroscopic</p> <p>23 procedures can vary?</p> <p>24 A. I don't mean to play semantics.</p>	<p style="text-align: right;">Page 64</p> <p>1 can be interchanged.</p> <p>2 So the instrument typically would be a shaver,</p> <p>3 which was used in this case to shave down the meniscus,</p> <p>4 a little grabbing instrument, which was used in his case</p> <p>5 presumably -- he doesn't say exactly, but that's how you</p> <p>6 do it -- to remove the little loose body; it's a little</p> <p>7 hard piece in there. So the shaver is commonly used. A</p> <p>8 grabber may be used. There are little biting</p> <p>9 instruments.</p> <p>10 But what I was doing for the menisectomy I did</p> <p>11 today, which was more of a menisectomy where you bite</p> <p>12 pieces of the meniscus which weren't used in his case,</p> <p>13 there can be chondral picks which are used for a</p> <p>14 microfracture, or pins which are used to drill holes in</p> <p>15 bone can be used. There's a cutting instrument that --</p> <p>16 it's a bipolar, unipolar cutting device that can be used</p> <p>17 to cut tissue, for example, for the lateral release that</p> <p>18 I mentioned before or if you are cutting adhesions. So</p> <p>19 those are the tools that are mostly used.</p> <p>20 Q. So there are two punctures and you could say</p> <p>21 one is essentially for a camera more or less for</p> <p>22 visuals, and the second is the tool that's actually</p> <p>23 being used to operate upon the knee?</p> <p>24 A. That's correct. But they tend to be</p>
<p style="text-align: right;">Page 63</p> <p>1 Q. I don't either.</p> <p>2 A. I probably wouldn't say the invasiveness; I</p> <p>3 would say the painfulness.</p> <p>4 Q. The painfulness, okay.</p> <p>5 A. Or the aggressiveness, maybe. I don't know.</p> <p>6 The invasiveness just refers to the fact that you are</p> <p>7 just sticking the scope in and not cutting the knee</p> <p>8 open.</p> <p>9 Q. You know, maybe it would be helpful if you</p> <p>10 could describe the basics of an arthroscopic surgery,</p> <p>11 what the scope is, and, you know, how that occurs.</p> <p>12 A. The scope is, generally for a knee, a</p> <p>13 4-millimeter in diameter operating telescope attached to</p> <p>14 a fiberoptic light source. And the scope is positioned</p> <p>15 within a sheath. So generally speaking -- and it was in</p> <p>16 this case -- two small punctures are made in the front</p> <p>17 of the knee adjacent to the tendon in the front of the</p> <p>18 knee so you don't puncture the tendon. And the scope is</p> <p>19 inserted into the knee, the scope is attached to a</p> <p>20 device, generally, that pumps water through the scope</p> <p>21 that inflates the knee with fluid. And then the</p> <p>22 fiberoptic light source is -- the system is fluid-based</p> <p>23 to produce a picture in this fluid medium. Then through</p> <p>24 the other puncture, instruments are put in. And they</p>	<p style="text-align: right;">Page 65</p> <p>1 interchangeable. So you put the camera in the one; you</p> <p>2 put the instruments in the other sometimes. As I just</p> <p>3 did recently, you put the camera in the other and put</p> <p>4 the instruments in the one to get a better look. But</p> <p>5 that's correct.</p> <p>6 Q. Sure. I guess at any given time one is doing</p> <p>7 one role?</p> <p>8 A. Right. And sometimes you will make an extra</p> <p>9 one too if you need to see something better.</p> <p>10 Q. Okay. Mr. Burton had two punctures; is that</p> <p>11 correct?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. In your report -- I'm trying to find</p> <p>14 exactly where this is. Right in the second paragraph</p> <p>15 there under Discussion, Mr. Burton had a minor</p> <p>16 arthroscopy, no incision, knee procedure performed by</p> <p>17 Samuel Chmell, M.D. Would you define minor arthroscopic</p> <p>18 procedure as -- you used "minimally invasive" earlier.</p> <p>19 Let me rephrase that.</p> <p>20 How would you define minor arthroscopic</p> <p>21 procedure?</p> <p>22 A. So "minor" is to some degree redundant with</p> <p>23 arthroscopic. In his case it also applies because what</p> <p>24 was done in the knee was minor as well.</p>

<p style="text-align: right;">Page 66</p> <p>1 Q. Okay. And you say in this point that there</p> <p>2 was no incision involved. But we have just discussed</p> <p>3 that there were two punctures you used on each side of</p> <p>4 the knee to allow instruments into the knee.</p> <p>5 A. Right.</p> <p>6 Q. So when you say there's no incision involved,</p> <p>7 what do you mean?</p> <p>8 A. Oh, I mean -- I don't know -- maybe it's us</p> <p>9 being euphemistic. That's what we kind of tend to say</p> <p>10 in this business. We say it's no incision because you</p> <p>11 are puncturing and you're not using a knife to cut</p> <p>12 longitudinally. But you could -- technically it's</p> <p>13 accurate to call those tiny incisions.</p> <p>14 MR. O'HARA: And could you hand me the next</p> <p>15 exhibit?</p> <p>16 (WHEREUPON, the document was tendered</p> <p>17 to Counsel.)</p> <p>18 BY MR. O'HARA:</p> <p>19 Q. Showing you what I am marking as Exhibit 3,</p> <p>20 UIC1 through 69. And these are medical records provided</p> <p>21 by the University of Illinois at Chicago Medical Center.</p> <p>22</p> <p>23</p> <p>24</p>	<p style="text-align: right;">Page 68</p> <p>1 A. Sure. Number 1, right knee arthroscopy.</p> <p>2 Number 2, partial lateral meniscectomy. Number 3,</p> <p>3 chondroplasty. Number 4, removal of loose bodies.</p> <p>4 Q. Could you read the pre- and postoperative</p> <p>5 diagnoses as well?</p> <p>6 A. Preoperative diagnosis, right knee lateral</p> <p>7 meniscal tear. Postoperative diagnosis, right knee</p> <p>8 partial lateral meniscal tear -- number 1, sorry.</p> <p>9 Number 2, chondral defect 6 millimeters by</p> <p>10 10 millimeters of the medial femoral condyle as well as</p> <p>11 some small loose bodies.</p> <p>12 Q. And if you turn to the next page, I would</p> <p>13 describe it, I suppose, as a narrative of the procedure</p> <p>14 that was performed; is that fair?</p> <p>15 A. Yes.</p> <p>16 Q. And so in your report, you say that the</p> <p>17 procedure involved a minor debridement, comma, shaving,</p> <p>18 comma, of his cartilage; is that correct?</p> <p>19 I'm sorry to make you flip between papers.</p> <p>20 A. Yes.</p> <p>21 Q. The procedure also involved two entrances to</p> <p>22 the knee; is that right?</p> <p>23 A. Yes.</p> <p>24 Q. And the performance of a diagnostic scope?</p>
<p style="text-align: right;">Page 67</p> <p>1 (WHEREUPON, a certain document was</p> <p>2 marked Plaintiff's Deposition</p> <p>3 Exhibit No. 3, for identification,</p> <p>4 as of 01/04/2018.)</p> <p>5 BY MR. O'HARA:</p> <p>6 Q. Doctor, do these records look familiar?</p> <p>7 A. Well, let's see.</p> <p>8 Q. I have a stapled copy if that would be more</p> <p>9 convenient for you.</p> <p>10 A. No, this is fine.</p> <p>11 Q. Okay.</p> <p>12 A. Yeah. I mean, they are parts of the medical</p> <p>13 record. I don't know that I remember every page, but...</p> <p>14 Does that answer your question?</p> <p>15 Q. Yes. If you turn to page Bates-stamped UIC15,</p> <p>16 which, in the middle bottom, is page 7 of 62.</p> <p>17 A. Yes.</p> <p>18 Q. This is the operative report?</p> <p>19 A. Right.</p> <p>20 Q. Attending was Samuel Chmell. And could you --</p> <p>21 Do you see where it says title of procedures performed?</p> <p>22 A. Yes.</p> <p>23 Q. Could you read off those four procedures,</p> <p>24 please?</p>	<p style="text-align: right;">Page 69</p> <p>1 A. Yes.</p> <p>2 Q. Could you describe what that is?</p> <p>3 A. Sure. One puts the scope into the knee and</p> <p>4 then looks at the various compartments of the knee to</p> <p>5 assess the pathology.</p> <p>6 Q. And the knee was also entered with a probe?</p> <p>7 A. Probably.</p> <p>8 Q. Would the probe -- is that part of, I guess,</p> <p>9 the, quote, camera side or the tool side?</p> <p>10 A. Tool side.</p> <p>11 Q. And what is the probe used for?</p> <p>12 A. The probe is used to pull on things. It's a</p> <p>13 slender piece of metal that at the end has a bent tip,</p> <p>14 maybe 3, 4 millimeters long. So one puts it, for</p> <p>15 example, on a meniscus to pull and see if there's a</p> <p>16 tear, that kind of thing.</p> <p>17 Q. And so the knee was entered with a shaver too?</p> <p>18 A. Yes, I think. Yes.</p> <p>19 Q. And the lateral compartment was -- is it</p> <p>20 debrided or debrided?</p> <p>21 A. Usually debrided, but either is okay.</p> <p>22 Q. And the lateral compartment was debrided?</p> <p>23 A. Yes.</p> <p>24 Q. What's the lateral compartment?</p>

Page 70

1 A. So the lateral compartment is the left side of
2 the left knee, right side of the right knee. The outer
3 part of the knee.
4 Q. So when you say the part, is it cartilage? Is
5 it bone? Is it a ligament that's actually -- what would
6 have been shaving up against?
7 A. So you are not asking about the compartment;
8 you are asking what he was shaving?
9 Q. Well, it says the lateral compartment was
10 debrided, I believe, in the report, the surgeon's
11 report.
12 A. Yeah. That's maybe not the -- with all due
13 respect to the doctor -- maybe not the most specific
14 terminology because you don't -- again, I don't mean to
15 split hairs, but one doesn't actually debride a
16 compartment; one debrides tissue. So what he did,
17 putting all this together, is he debrided the lateral
18 meniscus. Maybe that's what he meant to say or maybe
19 they didn't hear it right with the dictation. So he
20 debrided the lateral meniscus with the shaver. And
21 that's what I was referring to. The debridement of the
22 meniscus is a less invasive menisectomy than the usual
23 situation where you are actually biting the pieces off.
24 And you only do that if it's just hardly torn at all.

Page 71

1 So he debrided the meniscus with the shaver. He also
2 debrided elsewhere, but I don't want to get ahead of
3 you. I think that's what he was trying to say.
4 Q. Okay. Understood.
5 I believe it also said he debrided the
6 ligamentum mucosum?
7 A. Yes. That's -- it's not actually a ligament.
8 It's called that because people -- you can be fooled.
9 It looks like a ligament, but it's not. It's synovium.
10 Synovium is the lining tissue of the knee. And when you
11 go into the knee, sometimes it just kind of gets in the
12 way. So it's just some spongy, filmy, fatty tissue that
13 you debride, not therapeutically, but so that you can
14 see.
15 Q. Okay. And then it says chondroplasty
16 performed on medial compartment to remove free cartilage
17 flap. Could you describe that process?
18 A. Yeah. So, again, he could have been a little
19 more specific as to terminology. But what he did and
20 what he meant was that on the medial femoral condyle,
21 which is the end of the femur on the inner part, the
22 articular cartilage that coats the bone had some damage.
23 So there tends to be edges that are kind of loose,
24 little fronds of tissue. So we shave those.

Page 72

1 Q. So he was shaving cartilage on the end of the
2 femur?
3 A. Right.
4 Q. Okay.
5 A. Two different kinds of cartilage. It gets
6 confusing. That's articular cartilage on the medial
7 femoral condyle and then it was meniscal cartilage in
8 the lateral part.
9 Q. Is there a significance between the two
10 differences from a surgical standpoint?
11 A. Well, yeah. I mean, they do different things.
12 The one is a coating. The articular cartilage is what
13 coats the bone like Teflon on a frying pan. So you are
14 saying from the surgical point of view. The other,
15 meniscus, is a wedge-shaped shock absorber. In this
16 case there really wasn't because he shaved them both.
17 In general, you know, I would say well over
18 90 percent of the menisectomies that one does also
19 involve biting instruments because there's flaps of
20 tissue. So surgically -- I think that's your
21 question -- generally one is using biting instruments as
22 well as the shaver on the meniscus where there's usually
23 only a shaver on articular cartilage.
24 Q. Is there a difference in the pain that can be

Page 73

1 produced by working on those types of cartilage or would
2 it be no pain whatsoever for both?
3 A. So the shaving of the cartilage itself on the
4 articular cartilage is 100 percent pain-free. Not to
5 say the scope is 100 percent pain-free; but shaving that
6 cartilage, there are no nerve endings. If you drill the
7 bone underneath, there are nerve endings, but none in
8 the articular cartilage. The meniscus -- the meniscus
9 has no nerving endings either through most of its
10 distance. Far in its periphery, it -- and no blood
11 vessels either, by the way. There are some blood
12 vessels, some nerve endings. So if you are shaving
13 it -- by definition, it's a central part which is a very
14 thin border. So that part, number one, has no nerve
15 ending. So there's no pain from doing that. And,
16 number two, as I kind of alluded to earlier, sometimes
17 you have to kind of torque the knee to get into the
18 peripheral part. So you can maybe get some pain from
19 that. But you don't have to do that with what he did.
20 So those two things should have been -- just those parts
21 of the procedure should have been completely painless.
22 Q. During the scope, perhaps one like this, is it
23 possible for the instruments in the knee to come into
24 contact with the parts of meniscus that have nerve

<p style="text-align: right;">Page 74</p> <p>1 endings?</p> <p>2 A. So there are no nerve endings on the surface</p> <p>3 of it as best we know. So if you brush against it, it</p> <p>4 wouldn't be a problem. And there aren't even many nerve</p> <p>5 endings where there are nerve endings. But for what he</p> <p>6 did, no. He was just at the central border of it. You</p> <p>7 have to get all the way to the periphery for that to</p> <p>8 happen.</p> <p>9 Q. Okay. Loose bodies finally were then removed?</p> <p>10 A. Right.</p> <p>11 Q. As part of the surgery? Can you describe that</p> <p>12 process?</p> <p>13 A. Sure. They look like little white marbles</p> <p>14 floating in the knee. And one takes a little grabbing</p> <p>15 instrument and just kind of grabs it and then you just</p> <p>16 pull it out. So there's no cutting. They just float</p> <p>17 and you just grab it and you pull it out the little</p> <p>18 portal.</p> <p>19 Q. And what are they typically? What are they</p> <p>20 made of?</p> <p>21 A. Well, they are typically -- So, you know, he</p> <p>22 had that cartilage defect on the medial femoral condyle,</p> <p>23 articular cartilage. So what can happen and probably</p> <p>24 did in this case is that a piece of cartilage will kind</p>	<p style="text-align: right;">Page 76</p> <p>1 description of procedure. Is it on that page?</p> <p>2 Q. It should be on the description of procedure</p> <p>3 page, yes. Actually, it's on the next page, page 17.</p> <p>4 It says, Loose bodies were noted in the lateral gutter</p> <p>5 which were also removed and then the arthroscopic</p> <p>6 clipper was removed.</p> <p>7 A. Let's see. Which were also removed. So I've</p> <p>8 got to tell you, there's no device that I know of that's</p> <p>9 called a clipper. I have to tell you, we dictate these</p> <p>10 things and the transcriptionist can't always hear. So</p> <p>11 clipper -- I mean, there's a shaver, but typically --</p> <p>12 which were also removed. So then the arthroscopic --</p> <p>13 No, actually, that wouldn't have been the shaver. The</p> <p>14 arthroscopic clipper -- it must -- I mean, so would have</p> <p>15 taken place there is you take the grabber, you pull out</p> <p>16 the loose body, and then the only thing left is the</p> <p>17 scope and you take out the scope. So what that had to</p> <p>18 be was the arthroscopic instrument. It had to be the</p> <p>19 scope. There's nothing else there. There's no clipper.</p> <p>20 Q. Okay. I will trust your judgment on that.</p> <p>21 And then, finally, the wound was sealed with</p> <p>22 sutures; is that correct?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. Turning back to your report, in the</p>
<p style="text-align: right;">Page 75</p> <p>1 of flake off and it can be dissolved and usually is.</p> <p>2 But in some people, rather than dissolving, for whatever</p> <p>3 reason, it becomes kind of hardened and it's like a</p> <p>4 little marble and they just kind of float in the knee.</p> <p>5 So they are made initially of cartilage. They can</p> <p>6 calcify a little sometimes -- you can see them on</p> <p>7 x-rays -- sometimes not. So they are typically made of</p> <p>8 cartilage and inside they can have like a little scar</p> <p>9 tissue, you know. So that's what they are.</p> <p>10 Q. And what typically would cause one to have</p> <p>11 loose bodies floating in the knee?</p> <p>12 A. Well, typically the articular cartilage will</p> <p>13 flake off. And why does that happen? It can be a</p> <p>14 wear-and-tear thing with arthritis. He had some</p> <p>15 arthritis in his knee. And so the question that we</p> <p>16 wonder is why doesn't the stuff just dissolve. You</p> <p>17 know, why in some people does it form a little hard</p> <p>18 marble and in other people it dissolves. And nobody</p> <p>19 really knows.</p> <p>20 Q. Interesting.</p> <p>21 The report then goes on to say that the</p> <p>22 clipper was removed from the knee. Do you know what</p> <p>23 they would be referring to with the clipper?</p> <p>24 A. Can you tell me where that is? I'm under</p>	<p style="text-align: right;">Page 77</p> <p>1 middle of that same second paragraph there under</p> <p>2 Discussion, you say that the only pain, if any, produced</p> <p>3 from the procedure is from the arthroscope, a</p> <p>4 4-millimeter operating telescope being introduced into</p> <p>5 the knee, and the knee being inflated with fluid for</p> <p>6 visualization; is that correct?</p> <p>7 A. Yes.</p> <p>8 Q. So the introduction of the arthroscope itself</p> <p>9 can cause pain?</p> <p>10 A. Yes.</p> <p>11 Q. And the introduction of fluid can cause pain</p> <p>12 as well?</p> <p>13 A. Well, the truth is nobody knows. But, you</p> <p>14 know, maybe so. Maybe inflating the knee, although it's</p> <p>15 not inflated for very long.</p> <p>16 Q. And it's your opinion that those were the only</p> <p>17 causes of pain Mr. Burton could have experienced from</p> <p>18 these procedures?</p> <p>19 A. Yes.</p> <p>20 Q. So none of the other operations we discussed</p> <p>21 could have caused pain?</p> <p>22 MR. LOMBARDO: Object to form.</p> <p>23 BY THE WITNESS:</p> <p>24 A. None of the other parts of the operation that</p>

Page 78

1 we discussed -- like shaving cartilage cannot cause
2 pain, articular cartilage. Shaving the central border
3 of a meniscus cannot cause pain. Removing a loose body
4 can cause pain if you get a really big one and you have
5 to enlarge the puncture to get it out -- but there's no
6 evidence that that happened -- cannot cause pain. And
7 then the diagnostic arthroscopy, I mean, I guess if you
8 are really rough, but the proper technique for this is
9 to not have the scope bouncing around in the knee. And
10 I'm sure he's a good surgeon. So right. I mean, you
11 know, like I say, shaving the ligamentum mucosa, that's
12 innervated maybe a little.

13 **Q. So the shaving of the ligamentum mucosa could**
14 **have been an additional source of pain?**

15 A. Yeah, maybe a little.

16 **Q. Okay. Can an arthroscopic procedure cause**
17 **increased pain in patients with arthritis?**

18 A. Relative to those without arthritis?

19 **Q. Correct.**

20 A. Well, all else equal, the same procedure but
21 one is arthritic and one isn't, there's no evidence that
22 that an arthritic knee would experience more pain than a
23 nonarthritic knee.

24 **Q. What about the manipulation of the knee during**

Page 79

1 **surgery?**

2 A. Yeah. I mean, it is hard to know there for
3 sure either. But on theoretical grounds, if you are
4 cranking on the knee for a long time, you would think
5 that might cause pain. I don't know for sure that it
6 does, but in theory it could. But, again, this was not
7 a knee where you needed to do that. You know, and even
8 when you do it, you really can't do it too aggressively.
9 So I don't think in his case -- you know, the scope was
10 put in; he took out the loose body; he shaved this; he
11 shaved that.

12 See, most of the procedure, the knee just
13 hangs down and you stick the scope in. We have an
14 assistant -- at least I do -- and for some of these
15 cases the assistant does almost nothing, you know. So I
16 have an assistant. And if I do need to open the knee to
17 get to the periphery -- and sometimes you don't need to,
18 but, you know, this would have just been one where you
19 stick the scope in and you move it around a little and
20 you take the stuff and you shave a little bit, so...

21 **Q. Is it possible that Dr. Chmell or other people**
22 **in the room like their assistants did manipulate the**
23 **knee during the surgery?**

24 MR. LOMBARDO: Objection. Form. Calls for

Page 80

1 speculation.

2 BY THE WITNESS:

3 A. The way you would manipulate it is --
4 depending -- there's different setups, but there's a
5 bolster -- there's stabilization of the thigh in one
6 fashion or another. And then you kind of stretch the
7 inner part of the knee to move it out this way to get
8 way to the periphery (Indicating). So it's kind of hard
9 to do that. And when you do it, you have to stick the
10 scope into a very tight space and there's some risk that
11 you can damage cartilage. My point being, you don't
12 just do this for no reason. You do it if you really
13 have to do it.

14 So no. I mean, there's no way in heck --
15 unless he had a resident that he was just trying to show
16 something gratuitously, you know. But, no, not for
17 this.

18 **Q. Okay. You go on to state to continue in your**
19 **report that to the extent there's any pain associated**
20 **with this procedure, it is minor; is that correct?**

21 A. Yes.

22 **Q. And when you say that, do you mean pain during**
23 **surgery or after surgery would be minor?**

24 A. Well, the only pain you would feel would be

Page 81

1 after because you are asleep. But I don't know. Who
2 knows what you feel when you are unconscious, right?

3 But is that what you mean?

4 **Q. Well, I guess my question is: It would be**
5 **painful during the procedure if one was not under**
6 **general anesthesia, correct?**

7 MR. LOMBARDO: Object to form.

8 BY THE WITNESS:

9 A. That's like a metaphysical question. Is it
10 painful if you can't feel pain, right? Yeah, if you
11 didn't have the anesthetic, it would hurt.

12 **Q. Right. Why are patients put under general**
13 **anesthesia?**

14 A. It would certainly be painful if you weren't
15 asleep.

16 **Q. Okay. Isn't it true that some patients are**
17 **only given local anesthesia in arthroscopic procedures?**

18 A. No. There's two ways you can do it. You
19 can -- most people are given general because it's quick
20 and easy and it's not a very deep general. You could do
21 it with regional anesthetic, which would be a spinal or
22 an epidural or a combination of both. It is
23 theoretically possible to do it under local, but nobody
24 does and you wouldn't because -- so the reason you would

Page 82

1 use one form of anesthesia would be matter of risk. And
 2 if a patient was at high risk for general, you would do
 3 a spinal or epidural. But you would not do it because
 4 it's ineffective. Secondly, local anesthetics, the
 5 -caine anesthetics, lidocaine, Marcaine, are incredibly
 6 chondrotoxic. So they kill cartilage cells and they
 7 don't recover. So if you put enough stuff in there, you
 8 could probably get by doing it, but you would horribly
 9 damage cartilage. So nobody does it.

10 **Q. Okay. In this case Mr. Burton was put under**
 11 **general anesthesia?**

12 A. I believe so.

13 **Q. What are the risk factors that would make**
 14 **someone a bad candidate for general anesthesia?**

15 A. You know, those are fluid and those are things
 16 I will leave to the anesthesiologist. These days --
 17 particularly for this because, you know, the risk is to
 18 some degree proportional to how much medicine you give
 19 people. Because this isn't a very painful procedure,
 20 they don't have to give people that much stuff. Usually
 21 you almost never use a breathing tube, an endotracheal
 22 tube. You use a mask or what's called an LMA. I
 23 suppose somebody who was a very -- I don't know, you
 24 know, a very bad cardiovascular situation. But, again,

Page 83

1 those are things that I would leave to the
 2 anesthesiologist pretty much. I suppose just having a
 3 very bad heart, but even then -- so it's a medical
 4 determination probably based on the terrible
 5 cardiovascular status, but that's -- the ones I do under
 6 spinal -- because I don't do many under spinal -- it's
 7 usually because an occasional patient doesn't like the
 8 idea of going to sleep. So I say, Okay, you can have a
 9 spinal. Usually people like the idea of sticking a
 10 needle in their back even less.

11 **Q. Right. I think I'd rather have the general,**
 12 **frankly.**

13 **Following the surgery, Mr. Burton received**
 14 **Fentanyl three times in the recovery room, correct? I**
 15 **believe this is on UIC52.**

16 A. UIC52. Okay. So, wow, you've got good eyes.
 17 I guess it looks like Fentanyl, I suppose, three times.
 18 It's hard for me to read, but I will take your word for
 19 it.

20 **Q. I will represent to you that that's three**
 21 **doses of Fentanyl.**

22 A. Okay.

23 **Q. Fentanyl is considered a strong painkiller; is**
 24 **that correct?**

Page 84

1 A. Yes.

2 **Q. It's stronger than morphine?**

3 A. I don't know. You mean equianalgesic doses?

4 **Q. Yes.**

5 A. I don't know. I would have to look at a
 6 chart, maybe.

7 **Q. Is Fentanyl ever prescribed for minor pain?**

8 A. Well, it's not prescribed period. Right?
 9 It's used in -- So there are Fentanyl patches, but
 10 Fentanyl is not something you prescribe to an
 11 outpatient.

12 **Q. What's a -- Intravenous Fentanyl being dosed,**
 13 **what kind of pain is that typically given for?**

14 A. So the only time that Fentanyl is commonly
 15 used, period, there are people that use Fentanyl pain
 16 patches, which absorb through the skin, and it's used in
 17 surgery commonly. And it's abused, as you probably
 18 know, or maybe you don't read the papers.

19 **Q. I've heard. It's horrible.**

20 A. But it's not something that -- except for the
 21 patches -- and I don't know. Maybe there are people in
 22 pain clinics that are giving that stuff out, but it's --
 23 the only time I have exposure to it is perioperatively.

24 **Q. What do you mean by perioperatively?**

Page 85

1 A. Like when putting somebody to sleep, waking
 2 them up, that kind of thing. Maybe in recovery.

3 **Q. Gotcha.**

4 **So when it's used correctly in these**
 5 **situations, what type of pain is Fentanyl given for?**

6 A. So, first of all, people will use narcotics
 7 during a case. And you can kind of overmedicate people
 8 because you have their airway controlled -- do you know
 9 what I mean? -- in a way that you wouldn't otherwise.
 10 So if you are asking would they have given Fentanyl if a
 11 patient was only having minor pain at the time of
 12 surgery, I don't know. Narcotics are used -- and I'm
 13 not an anesthesiologist, so I don't want to get over my
 14 head here. But, you know, narcotics are used to kind of
 15 make people calm and relaxed and not kind of feel
 16 anything in a way that you wouldn't use if you were
 17 after surgery where you have to worry about side
 18 effects. Does that make sense?

19 **Q. So you believe it was used during surgery or**
 20 **after?**

21 A. Well, I don't know. When was it? So you can
 22 read this, right? I really can't. It's usually -- it's
 23 not -- it might be used in the recovery room, I guess.

24 **Q. That is my understanding, that this was in the**

Page 86

1 recovery room.

2 A. So why would they be giving Fentanyl if he

3 wasn't in a lot of pain? Maybe he was in a lot of pain

4 and they gave him that. I don't know. Maybe. But, you

5 know, sometimes -- So people wake up from surgery, you

6 have to realize too, sometimes kind of -- and I don't

7 know what happened with him, but kind of obstreperously,

8 as it were, you know. So I don't know. He might have

9 been a little unruly. He might have said that he was in

10 a lot of pain, something like that. You know, so it was

11 probably their perception. And they tend to use big

12 guns more in that setting than you would if a patient

13 were more awake and lucid.

14 Q. Is it fair to say that Fentanyl is used to

15 relieve severe pain after surgery?

16 A. Does the pain have to be severe to use

17 Fentanyl, I guess, is your question. Is that your

18 question?

19 Q. That wasn't quite it. That is a question and

20 you can answer that.

21 A. So could it be used to relieve severe pain

22 after surgery? It could. Does the pain have to be

23 severe to use it? I don't know. Maybe, but I don't

24 know. If you use a small enough dose of any of this

Page 87

1 stuff, not necessarily. And people tend to use drugs

2 they are familiar with too. So Fentanyl is something

3 the anesthesiologists use a lot. I don't know how big a

4 dose this was. You know, if you use a small enough dose

5 of anything, it doesn't have to be for severe pain. So

6 I don't know.

7 25 milligrams, it says?

8 Q. I believe that's my deciphering too.

9 Would you say it's fair to say it's commonly

10 used to treat pain?

11 A. It's commonly used -- So, again, I don't pay a

12 lot of attention to what they do. They kind of do their

13 thing, and I do the surgery. But Fentanyl is one of the

14 drugs that's used to -- for an induction. I'm not sure.

15 But it's used a lot perioperatively in the process of

16 putting people to sleep, while they are asleep, I guess,

17 shortly after they wake up. So there's a part of the

18 case where the anesthesiologist is in charge of all

19 their pain. And that's in the operating room, in the

20 preop area, in the recovery room. So when they are

21 doing their thing, I mean, they use it.

22 As I said, I don't pay a whole lot of

23 attention. I pick them up when they get out of the

24 recovery room and I never use it there.

Page 88

1 Q. Okay. You mentioned you specialized in

2 arthroscopic knee surgery for over 30 years and you

3 performed thousands of arthroscopic knee procedures.

4 What are the procedures you most regularly perform?

5 A. So the things I most commonly do, most of my

6 surgical practice is arthroscopic knee and shoulder

7 surgery. And of those -- So it's about half and half.

8 So in the knee, menisectomy is probably the commonest

9 one. Menisectomy, microfracture, ACL reconstruction,

10 meniscal repair. Probably those more than anything

11 else.

12 Q. Thank you.

13 Moving on in your report, just toward the end

14 of this page here, you say, The pain produced for this

15 kind of surgery ranges from negligible with some

16 patients not taking any pain medication at all after

17 surgery --

18 A. I'm sorry. Is this on 5?

19 Q. BUR5.

20 MR. LOMBARD: The last sentence.

21 BY THE WITNESS:

22 A. Got it.

23 The pain produced --

24 Q. Ranges from negligible with some patients not

Page 89

1 taking any medication at all after surgery to moderate

2 with some patients taking moderate strength medicines

3 for a period of days.

4 So some patients do, in fact, have greater

5 than minor pain following arthroscopic knee surgery?

6 A. Yes.

7 Q. And when you say moderate strength pain

8 medicines, what do you mean? What are you describing

9 there?

10 A. Well, I kind of phrased that strangely.

11 Generally -- so I give most people hydrocodone, but I

12 watch how much they take and I urge them -- and some

13 people don't take it at all, and I tell them -- so I

14 give it to them. But if you take hydrocodone and you

15 are not in pain, that's when people die -- oxycodone

16 too -- because it's a respiratory suppressant. So I

17 give everybody hydrocodone. Some people, just Tramadol.

18 I have some people who don't take anything. Some

19 people, Tylenol. So I would say moderate -- it's kind

20 of funny working -- it isn't so much what the medicine

21 is as how much of it you take.

22 Q. What's -- I don't want to use the word

23 "standard," but I suppose I will and we finagle. What's

24 a standard prescription you would give of hydrocodone as

Page 90

1 far as dosage and size and how often it's taken?

2 MR. LOMBARDO: Object to form. Calls for

3 speculation, incomplete hypothetical.

4 Go ahead.

5 BY THE WITNESS:

6 A. So depending on the patient, and, you know,

7 some patients, I maybe wouldn't. But most of my

8 patients, I give them what's called Norco 10, but it's a

9 scored tablet. So you can take half, so it's a 5. So

10 patients are specifically instructed to take -- to not

11 take anything until they are in pain and then to try a 5

12 and see what happens. And if it makes them loopy, not

13 take any more. If it's about right, then they can take

14 it more and then -- you know, if I do like an ACL

15 reconstruction, which is a bigger procedure, those

16 people will typically need the 10s.

17 So I tell people -- So it's a combination of

18 hydrocodone and acetaminophen. And I go to great

19 lengths to tell people, You can just take Tylenol and

20 you can kind of use those too. Some people, I give

21 Tramadol too, for example, which is a weak -- they

22 didn't used to think it's an opioid, but it is now.

23 It's been reclassified, but it's a weak opioid.

24 Does that answer your question? I give most

Page 91

1 people hydrocodone, but I tell them to take half a

2 tablet and not to take it very often unless they need

3 to.

4 Q. How many tablets would come in one of these

5 prescriptions?

6 A. 30.

7 Q. And how often if they are experiencing pain

8 are they supposed to take it?

9 A. So the maximum they can take, like for an ACL

10 reconstruction --

11 Q. Sure.

12 A. And I just did an ACL -- she just left here --

13 who took one per day. But the maximum that you can take

14 is one every three to four hours. And the thing is,

15 though, like I said, you have to titrate the dose to how

16 they are feeling. So if they are dying, you know, they

17 should take more. I don't want to be torturing people.

18 But if you are calm and you take this, it's a

19 respiratory suppressant and it's very dangerous.

20 Q. So with 30 pills, I guess, and the maximum you

21 would be taking is, you know, every, let's say, three to

22 four hours, that would represent several days' worth of

23 hydrocodone; is that correct?

24 A. So for arthroscopic procedures like this, most

Page 92

1 of my patients never finish the prescription.

2 Q. Sure. Just as far as what's prescribed.

3 A. So at most how much would it be?

4 Q. Yeah.

5 A. A few days.

6 Q. Okay.

7 A. And, again, that's in the case where I am in

8 touch with my patients. And so I think Dr. Chmell

9 giving him that many would have been just fine. It is

10 fine, but if he was there to monitor the patient

11 himself.

12 Q. I understand.

13 You may have actually said this earlier. Do

14 you typically give local anesthetic at the end of a knee

15 arthroscopy?

16 A. I don't. I give a little at the beginning. I

17 put a little local in the portals where I put the scope.

18 And, actually, it's a little epinephrine. So it doesn't

19 bleed. But I don't give local for the reasons that I

20 said, actually.

21 Q. Are you aware of other doctors who do so as a

22 practice?

23 A. So here's the thing, it depends what kind of

24 case you are talking about. So for knee replacements,

Page 93

1 there are all kinds of protocols -- and I don't do knee

2 replacements -- there are all kinds of protocols where

3 you can do that stuff. As I mentioned, there are pain

4 pumps that exist where people will give local. So not

5 to throw stones, but there's a horrible complication of

6 arthroscopic surgery called -- well, the cartilage goes

7 away; all the cartilage dissolves after the procedure.

8 And this was correlated -- so every once in a while,

9 you -- it's never happened to me, thank God -- you do 30

10 knee scopes, 30 shoulder scopes, and then one person

11 comes in -- a healthy young person comes in and their

12 shoulder is gone, totally gone, needs a shoulder

13 replacement, 20 years old, whatever, and this was

14 correlated to local anesthetics from pain pumps. So I

15 would never use one. I would never use one in a joint

16 like this. I think they still exist. And you can use

17 morphine, which is probably okay, I guess. I mean,

18 don't know anybody, though, who uses pain pump for a

19 knee scope.

20 I mean -- and I will tell you, so we -- so the

21 bigger knee -- the most knee scopes that deal with the

22 menisci are the articular cartilage. The big step-off

23 tends to be ligament surgery, like ACL. And, again, we

24 had a whole section -- we have like four chapters on

Page 94

1 that and we reviewed all the literature. And what
2 people will do is use nerve blocks, but I don't know
3 anybody who uses a pain -- I'm not saying it's wrong,
4 but I don't know anybody who uses a pain pump. There
5 are -- so people use pain pumps around a nerve. So they
6 are commonly used there. So if you do a nerve block --
7 which I don't, but some people do -- you inject the
8 nerve and it numbs it for like eight hours. So you can
9 put a pump in to have a continuous infusion of
10 anesthetic to the nerve. Those are used by some people.
11 But a pain pump with a nonprosthetic procedure, where
12 you are not -- if you put lidocaine into a metal knee,
13 it doesn't matter. But if you put it in articular
14 cartilage, it can matter. So people using a pain pump
15 to pump like a local anesthetic into a knee after an
16 arthroscopic meniscectomy, I would have to say to you I
17 don't think that's done very much.

18 **Q. Okay. Are there other forms, besides the pain**
19 **pump, of local anesthetic that might be given after a**
20 **surgery?**

21 A. There are people -- and I sort of do this too,
22 like if you -- there are people that would inject the
23 incision in the skin with local.

24 **Q. Sure.**

Page 95

1 A. There isn't much of an incision here; there's
2 just two little punctures -- not a whole lot to numb up,
3 you know -- and other people who would put a lot of,
4 like, Marcaine into the knee after the procedure, maybe.
5 I don't know.

6 But, see, the other thing with that, by the
7 way, and one of the reasons I don't do it and don't do
8 nerve blocks, is there is a well-documented rebound
9 effect. So even with nerve blocks, when you numb nerves
10 when they come back, they come back stronger. So there
11 have been so-called VAS studies. The VAS is a
12 (unintelligible) vein. And the day of surgery, people
13 will have less if you gussy them up with stuff to make
14 it hurt less afterward, but the next day they have more
15 pain. So that's been true of nerve blocks and pain
16 pumps in general.

17 So other local -- there are people, I think,
18 for total knees who are putting -- injecting things
19 around various nerves, like nerve blocks afterward, I
20 guess. But, I mean, jeez, nobody would do that for like
21 a little knee scope for a meniscus.

22 **Q. Gotcha.**

23 **What was the smaller thing you maybe described**
24 **putting injection into the site of the incision? Or did**

Page 96

1 **I mishear you?**

2 A. You mean like the punctures?

3 **Q. Yes.**

4 A. Yeah. So you can put a little local right
5 where you puncture the skin. I do, in fact. And I
6 actually don't do it for the analgesia. And some cases
7 I don't do it at all because people are allergic or
8 whatever. And the only reason I do, actually, is
9 because it's a little epinephrine. So when you puncture
10 the skin, it can bleed a little bit. And the local, the
11 Marcaine that I use, that's just like 3 CCs total has
12 some epinephrine in it. So when I put it in, it just
13 doesn't bleed as much when I put in the scope. It's
14 really not a big deal. So that's a little in the skin.
15 That, by the way, wears off in a couple of hours.

16 **Q. Okay. There's no indication in the record**
17 **that Mr. Burton received any type of local anesthetic;**
18 **is that correct?**

19 A. Let's see. He might have said. I didn't
20 check that. Is this the unstapled one the operative
21 note?

22 **Q. UIC16, I believe, is the operative note.**

23 A. No, it doesn't say. And I guess I should look
24 at the end too. Let's see. Yeah.

Page 97

1 **Q. Moving on in your report, BUR6, the first full**
2 **paragraph, that sentence there says, Mr. Burton was**
3 **prescribed Norco, hydrocodone, by his surgeon after**
4 **surgery as a precaution in case he had more pain than**
5 **usual; is that correct?**

6 A. Yes.

7 **Q. So you described you regularly prescribe**
8 **hydrocodone to patients following knee arthroscopies?**

9 A. Yes.

10 **Q. So some patients can experience pain that does**
11 **require treatment with hydrocodone?**

12 A. Or the equivalent, but yes.

13 **Q. Would you say that hydrocodone is prescribed**
14 **for more than minor pain, for greater than minor pain?**

15 A. Well, you could say that. It's a matter of
16 context, though, right? So it's more than minor pain.
17 You get -- walk around the house stubbing your toe.
18 But, yeah, sure, you could say that.

19 **Q. Okay. Where in the medical records does**
20 **Dr. Chmell state that he prescribed Norco as a**
21 **precaution?**

22 A. It's inherently a precaution. I don't -- No
23 surgeon would say I prescribed this as a precaution in
24 case the patient had more pain than usual. You would

Page 98

1 never do it. I don't do it. But it's inherently
2 part -- He is a good doctor. I'm sure he talked to the
3 family. And what you would tell the family is, you
4 would say -- every surgeon would do this. You would
5 say, I don't think it's a very painful procedure; he may
6 have very little pain; he might not need pain medicine;
7 he may get by with just ice or Tylenol. If, however, he
8 has severe pain beyond what ice or Tylenol will take
9 care of or seems to be in a lot of pain or moderate pain
10 or whatever, if he seems to be in more pain, then you
11 should give him that.

12 So it's inherently -- I mean, you know,
13 because it's a PRN drug. You have to understand that's
14 what PRN means, right? PRN means as needed. So if you
15 don't need it, you don't take it. If it weren't PRN, it
16 would be different, like if somebody were on a
17 respirator or something, right? Then you are just
18 saying, I'm going to give this to you no matter what.
19 You don't do that very often. You certainly would never
20 do it here.

21 **Q. So your description of the prescription as a**
22 **precaution is based off your experience and knowledge of**
23 **the practice?**

24 A. It's what every orthopedic surgeon alive who's

Page 99

1 competent does. It's what every doctor does. It's what
2 any health practitioner does. Anytime you are giving
3 anybody pain medicine, they are essentially, to use your
4 wording, precautionary, in case you have pain. To do
5 otherwise is to -- that's how you get complications. Do
6 you know what I mean? You would never say just take it.
7 You would say take it only if.

8 **Q. So it's prescribed because there's a**
9 **possibility that the patient would experience**
10 **significant pain?**

11 A. Yes.

12 **Q. Okay.**

13 A. And the other thing, by the way, that enters
14 into this these days is that -- sort of the law of
15 unintended consequences -- we can no longer phone in
16 hydrocodone. So you almost have to overprescribe a
17 little because if the patient has severe pain in the
18 middle of the night beyond what you would expect or pain
19 more than appropriate, you really have no recourse. You
20 know what I mean? So you almost -- you almost have to
21 give them the strongest thing that they could possibly
22 need and just make sure you talk to them. And then if
23 you have a patient who's had substance issues, then I
24 just don't do it. And there are people where I won't do

Page 100

1 it and I will say it might hurt a little more than
2 usual, but better than to OD.

3 **Q. Would you say you prescribe hydrocodone as a**
4 **precaution in most of your knee arthroscopy patients?**

5 A. Yes, for sure.

6 MR. O'HARA: I think the DVD is going to end in a
7 few minutes, so we will go shortly and then take a quick
8 break.

9 About how long does it take to change?

10 THE VIDEOGRAPHER: Two minutes.

11 MR. O'HARA: Maybe we'll take a five-minute break.
12 Is that okay?

13 THE WITNESS: Yeah.

14 THE VIDEOGRAPHER: Off the record at 6:21 p.m.
15 (WHEREUPON, a brief break
16 was had.)

17 THE VIDEOGRAPHER: This begins disc number 2. Back
18 on the record at 6:31 p.m.

19 MR. LOMBARD: Before we start, we tendered the
20 notes that Dr. Prodromos was using during his
21 deposition. It's our position that generally notes of
22 this nature would be subject to privilege; however,
23 because he is utilizing those notes during the
24 deposition, we have tendered them.

Page 101

1 Go ahead, Counsel.

2 BY MR. O'HARA:

3 **Q. Doctor, I just want to remind you that you are**
4 **still under oath.**

5 A. Yes.

6 **Q. Terrific.**

7 Norco comes in 5- and 10-milligram dosages; is
8 that correct?

9 A. Yes.

10 **Q. Are there any other dosages it comes in?**

11 A. There may be. I'm not sure. Those are the
12 two that I'm familiar with.

13 **Q. And Mr. Burton was prescribed 50 doses of**
14 **10-milligram Norco; is that right?**

15 A. I think so.

16 **Q. It was prescribed at Q6H?**

17 A. I'm not sure. Maybe.

18 **Q. Why don't you look at your records I believe**
19 **it's -- you can use UIC65.**

20 A. That sounds reasonable, so I'll take your word
21 for it.

22 **Q. What does Q6H mean?**

23 A. Every 6 hours.

24 **Q. So 50 tabs at Q6H, if he were to take all of**

Page 102

1 them, that would be enough painkillers for over 12 days;
2 is that correct?
3 A. For this?
4 Q. If he took them every six hours.
5 A. Yes. So it was one Q6, right? So that's four
6 into 50. So yeah, yes, yes, yes, yes, yes.
7 Q. I think it's about 12.
8 You state that the actual type and dosage of
9 pain medicine to be administered is always evaluated as
10 a function of the amount of pain the patient has
11 experienced after surgery and is adjusted downward if
12 pain is not severe; is that correct?
13 A. Yes.
14 Q. But it's true that Mr. Burton was experiencing
15 pain of 8 out of 10 following surgery, correct?
16 A. I read 5 out of 10.
17 Q. If you go to the recovery room. Particularly
18 in the recovery room.
19 A. Oh, maybe in the recovery room, maybe in
20 recovery.
21 Q. Okay. And you state that in Mr. Burton's
22 case, the pain was found to be minor on the night of
23 surgery in documented medical records.
24 A. Counsel, forgive me, I just want to make sure

Page 103

1 I'm following you.
2 Q. Not at all. I apologize.
3 A. Is this Exhibit 1?
4 Q. This is Exhibit 1. This is your report.
5 A. And this is page 6?
6 Q. I believe so.
7 MR. LOMBARDO: First full paragraph on the page.
8 BY THE WITNESS:
9 A. Got it.
10 So indeed Mr. Burton's case. Right, I think
11 that's where you are.
12 Q. You said his pain was found to be minor on the
13 night of the surgery in documented medical records.
14 Which medical records do you base this opinion on?
15 A. The Stateville medical records, the nurse's
16 note.
17 Q. For a particular date?
18 A. It was 10/19/2010, 3:50 p.m., signed by an
19 R.N., states pain is a 5 on a scale of 1 to 10.
20 Q. And so you described a pain of 5 out of 10 as
21 minor?
22 A. Yes.
23 Q. Okay.
24 A. Minor to moderate, I guess.

Page 104

1 Q. 3:55 p.m., that's about the time or not long
2 after he was brought back from surgery; is that correct?
3 A. Yes.
4 Q. So at the time he had been dosed with several
5 narcotic painkillers at the surgery site; is that
6 correct?
7 A. I don't know. What time were they given?
8 Q. Strike that.
9 Following his surgery, he was given several
10 doses of Fentanyl and one of hydrocodone; is that
11 correct?
12 A. Yeah. That was 12-something, wasn't it? I
13 don't remember.
14 Q. We can check.
15 A. I know you pointed out that page before.
16 Q. Now I forget what number it was.
17 MR. LOMBARDO: It was UIC52.
18 MR. O'HARA: Thank you, Joe.
19 BY THE WITNESS:
20 A. So they look like 12s to me, 12-something,
21 12:40, 12:50.
22 MR. LOMBARDO: It looks like 12:15, 12:25, 12:45,
23 and 12:55 to me.
24

Page 105

1 BY MR. O'HARA:
2 Q. So would you say maybe his last dose was three
3 hours before he arrived back at Pontiac or three hours
4 before the medical note was written at Stateville?
5 MR. LOMBARDO: Objection. Form as to vague.
6 BY THE WITNESS:
7 A. So let's see. The one is 3:50 and the other
8 is 12:50. So, yeah, it sounds right.
9 Q. So at the time he rated his pain at 5 out of
10 10, he had been dosed three hours ago with narcotics; is
11 that correct?
12 A. Yes.
13 Q. Okay. You state that Tylenol 3 with codeine
14 is an appropriate method of managing patients with
15 moderate pain; is that right?
16 A. So forgive me. I just don't like the minor,
17 moderate, severe thing because it depends so much on
18 context. I guess that's probably a true statement; but
19 all of these things, it's -- you try what you think is
20 appropriate and see what happens kind of thing, but yes.
21 Q. Okay. In your opinion, is Tylenol 3 -- and,
22 again -- we are going to get into the minor-moderate,
23 thing -- but since we have to use the terms in the
24 report, I guess, is where we are -- is Tylenol 3

Page 106

1 appropriate for treating patients with only minor pain?
2 A. Tylenol 3 -- so two Tylenol 3, which is the
3 equivalent of 10 of hydrocodone, is appropriate for pain
4 moderate, severe, minor too if they are lucid, I guess,
5 you know.

6 Q. Okay.

7 A. You just -- I'm sorry. I'm trying to be
8 responsive to what you are saying, but you just can't --
9 it's just not how medicine is practiced. There's no
10 standard. You know, there's no objective standard for
11 pain. You can say the blood loss is X; but there's no
12 objective standard to say what's minor, moderate,
13 severe. But, yeah, I think what you said is okay.

14 Q. Right. But doctors certainly choose their
15 dosage and what medicine they're prescribing based on a
16 sense of a range of the strength of pain, correct?

17 A. Say that again.

18 Q. The strength of pain, whether you describe it
19 as minor, moderate, or severe, is certainly relevant to
20 how doctors prescribe pain medication?

21 A. A little bit, but mostly we prescribe it based
22 on the procedure too. So like an ACL reconstruction,
23 you would generally get more pain there than you would
24 after a scope. So you would say after this, you would

Page 107

1 likely give this versus that. But you run into big
2 trouble. That's why it's a bad idea to do it if you're
3 a physician if you start calling things minor, moderate,
4 severe. So one way, it's impossible to communicate with
5 each other. Do you know what I mean? I don't mean to
6 be overly fastidious about this; but you just kind of
7 know after a heart transplant, you know, they need this,
8 right? After getting their nails clipped, they might
9 need this. What you yourself I think are pointing out
10 here, what's minor, moderate, severe, it's a function of
11 context; it's a function of were you medicated. But you
12 just kind of try to give the appropriate drug for the
13 appropriate procedure.

14 Q. And would you say it's fair that you try to be
15 responsive to the patient's need for the pain
16 medication?

17 A. Yes.

18 Q. And you described earlier, you prescribed
19 hydrocodone, but you offer them the option of not using
20 it?

21 A. Absolutely. I tell them don't take the stuff
22 unless ice has not helped and you are in significant
23 pain. And even then take half and see what happens.
24 And I tell them a lot more than that too. And I tell

Page 108

1 them -- And I tell them -- I reference Michael Jackson
2 and Elvis Presley. And I say that if you're -- I say if
3 you're -- if you are a little drowsy and you take this
4 stuff, you can have respiratory suppression and die.
5 And I tell all my patients this. Okay? I say -- So you
6 make sure when you are giving this to them -- and that's
7 why the 1 out of 10 stuff is a little tricky too,
8 because this is a subjective thing that a patient says
9 and you've got to put that in the context of what the
10 patient looked like. If a patient is slurring their
11 words and you say are you in pain, ah, yeah, it's really
12 bad, give them stuff. You know what I mean? So they
13 have to be lucid -- I'm sorry. I don't mean to be going
14 on endlessly, but it's just a complex thing.

15 Q. Understood.

16 And your patients have the option to take the
17 hydrocodone or use other methods including NSAIDs or ice
18 or nothing?

19 A. Yeah, depends on the procedure. So NSAIDs for
20 a lot of what I do isn't appropriate for what I do if
21 you are repairing something, then NSAIDs can interfere
22 with healing. So If I'm doing an ACL or rotator cuff, I
23 don't give them NSAIDs because they can interfere with
24 healing. But for this, yeah, it would be okay.

Page 109

1 Q. Okay. How do physicians determine whether a
2 pain medication is effective for a particular patient?

3 A. It's a combination of the -- it's a
4 combination of experience, the subjective, and the
5 objective. So we have an idea from experience what's
6 likely to be needed. And you know your patient a little
7 bit too. And, I mean, there's other contexts too.
8 People who are substance abusers or drinkers or whatever
9 you know are going to need more because they have these
10 enzymes that get geared up and they chew up pain
11 medicines.

12 So part of it's the nature of the patient;
13 part of it is what we know from experience; part of it
14 is what the patient says; and part of it is just
15 objectively when, you know, you are like looking at the
16 person. What the patient says is significant. But, for
17 example, I never refill pain medicine over the phone.
18 If people say that they are having excess pain, come in
19 because, you see, the thing you want to do is get rid of
20 root causes, you know. If I have a knee patient that's
21 having a lot of pain after this, there's no way in heck
22 you should have a lot of pain after this. And if
23 patients tell me this -- and sometimes they do. I had
24 one not long ago who said he was in terrible pain. And

Page 110

1 I said, Come in, maybe there's something wrong. And so
2 we put those people on crutches and you take a little
3 weight off the leg and the pain goes away. You know
4 what I mean? So you deal with root causes, but just
5 jacking up the meds is not a good idea.

6 **Q. So going back to Mr. Burton, I suppose, in**
7 **that 24 hours following surgery, he continued to**
8 **complain of pain regularly in those 24 hours; isn't that**
9 **correct?**

10 A. Well, on the 20th there was a note. And I
11 think this is a quote from the nurse that says, No
12 complaints of pain or discomfort at this time. So that
13 was the next day.

14 **Q. So that was the next day; but from the 19th in**
15 **the afternoon when he was brought in through overnight**
16 **into the following morning, Mr. Burton continued to**
17 **complain of pain, correct?**

18 A. Well, I'm sure he had some pain. I'm sure he
19 had some pain. How much, I don't know. There's a note
20 from 3:00 a.m., that's the morning, you know, the night
21 of where it says patient, quote, slept good. So, I
22 mean, you could have pain and sleep. But slept good,
23 probably not a ton of pain, you know.

24 **Q. Mr. Burton received, I believe, seven doses of**

Page 111

1 **Tylenol 3 with codeine under Dr. Ghosh; is that correct?**

2 A. I think that's right.

3 **Q. Now, if those medications were prescribed PRN,**
4 **wouldn't he have to request them to receive the dosage?**

5 A. Yes.

6 **Q. So the fact that he was given seven doses**
7 **reflects that he was regularly complaining of pain**
8 **during that time?**

9 A. Oh, yeah. I mean, every -- you would -- I do
10 have patients, by the way, that say they have no pain
11 after these, I really do after these. But most patients
12 have some pain for sure.

13 **Q. Okay. So as we know, when he was released**
14 **from the infirmary, Dr. Ghosh substituted Mr. Burton's**
15 **medication from Tylenol 3 with codeine to Motrin**
16 **400 milligrams. And Motrin is ibuprofen, correct?**

17 A. Yes.

18 **Q. And you said that this was a necessary and**
19 **appropriate downward modification of his pain medicines.**
20 **Is that your opinion?**

21 A. It was certainly appropriate. So is that your
22 question? Was it appropriate? Yes, it was appropriate.

23 **Q. Was it necessary?**

24 A. Was it necessary? I don't know. Could he

Page 112

1 have been left on Tylenol 3? Necessary is probably too
2 strong a word. I think it was appropriate. I think it
3 was a good idea. Would he absolutely have had to do
4 that? Could he have been left on Tylenol 3? Maybe.
5 Although necessary? Absolutely necessary, no. But
6 advisable maybe would be better.

7 I think anytime you can get people off of
8 narcotics in general, (a). (B) someone who is taking
9 other psychoactive drugs, (b). And (c) -- Well, so I
10 think it was a good idea. Could he have been left on
11 T3s? Maybe.

12 **Q. And so you say that Dr. Ghosh substituted**
13 **Motrin. He prescribed it; is that correct?**

14 A. I think so. Yes, he did.

15 MR. O'HARA: Let's skip the next one there and hand
16 me the one after.

17 (WHEREUPON, the document was tendered
18 to Counsel.)

19 BY MR. O'HARA:

20 **Q. I'm holding what I'm going to be marking as**
21 **Plaintiff's Exhibit 4. These are the medication**
22 **administration records taken from the IDOC records.**
23 **They have Bates stamps of IDOC28 and 36 and IDOC288**
24 **through 344.**

Page 113

1 (WHEREUPON, a certain document was
2 marked Plaintiff's Deposition
3 Exhibit No. 4, for identification,
4 as of 01/04/2018.)

5 BY MR. O'HARA:

6 **Q. Are you familiar with these documents,**
7 **Dr. Prodromos?**

8 A. Well, am I familiar with them? I would be
9 lying if I said I could tell by looking at this I can
10 tell if it's one of the things I looked at before. But
11 if these are the medication records when he was there,
12 then I guess.

13 Did you ask if I recognize them?

14 **Q. Are these the documents you reviewed as part**
15 **of your report?**

16 A. Yes.

17 **Q. If you turn to the IDOC page 325, the Bates**
18 **stamps are in the far right corner.**

19 A. IDOC325?

20 **Q. Correct.**

21 A. Okay.

22 **Q. Do you see a handwritten note for Tylenol 3**
23 **dated 10/19/10?**

24 A. I see Tylenol 3. And -- right, so it was

Page 114

1 written and crossed out. That's what you're talking
2 about?

3 Q. Yes.

4 A. Yes.

5 Q. So for someone who's not as familiar with
6 medical shorthand, can you describe that, kind of, bar
7 running across and what it's saying?

8 A. I have to tell you, I'm not either.

9 Q. Okay. Fair enough.

10 A. I don't do these. The nurses and anesthesia
11 people do them. But it looks like it's crossed out,
12 so...

13 Q. So this medical administration record records
14 that he was given Tylenol number 3 on 10/19/10; is that
15 correct?

16 A. Yes.

17 Q. But nothing in the medical administration
18 records in these packets show that Mr. Burton received
19 Motrin or ibuprofen following his dismissal from the
20 infirmary following surgery; isn't that correct?

21 A. So there's an order for ibuprofen PRN on
22 page 327 and there's a date that I can't read. Is it
23 20? The one below is -- I can't tell.

24 Q. These are difficult to read. My belief is

Page 115

1 that this page shows sometime between April and June,
2 possibly August 2010.

3 A. Yeah. 420. So that's probably not relevant,
4 right? Yeah. So your question is: Is this something
5 showing that the patient got ibuprofen?

6 Q. Yes. Is there anything in the medical
7 administration record showing that he received ibuprofen
8 following his dismissal from the infirmary?

9 A. When was this dismissal?

10 Q. October 20, 2010, the day after the surgery,
11 which is the date Ghosh prescribed the Motrin.

12 A. So this record that I have is a record of
13 medications administered in the general population.

14 Q. I believe it's both insofar as it includes the
15 Tylenol 3, which was only given to him in the infirmary.

16 A. Yeah. So I -- So two things: Number one, I
17 don't see anything showing he was given ibuprofen;
18 number two, I have to tell you quite honestly I'm not --
19 so maybe he didn't get anything. That could well be.
20 But I'm not really sure of what I'm looking at here. So
21 I don't know if this, in fact, is a record of everything
22 that he was given. And if it's not listed, then maybe
23 he didn't get it. And if that's what you are saying,
24 you are probably right. I don't know that to be true is

Page 116

1 what I'm saying.

2 Q. Okay.

3 A. Because I read a note in there someplace that
4 said he had ibuprofen available to him in his cell. Did
5 you read that? And I wasn't sure I knew what that
6 meant, honestly. So I read it was prescribed. And the
7 first day was pretty clear to me. After that, I'm not
8 sure that I know.

9 So, I mean, if it was available in his cell,
10 then maybe it didn't have to be administered. But I
11 honestly don't know. So maybe you're right.

12 Q. Okay. Also in your report -- Strike that.

13 It's your belief that 400 milligrams of
14 ibuprofen is an extremely effective treatment for
15 acute postoperative pain?

16 A. Not 400. 2400. 2400 of ibuprofen, which is
17 the daily dose, if indeed he got it, is the equivalent
18 of 10 of hydrocodone. So that would basically be two
19 Vicodin in a day. So for a second postoperative day for
20 what he had -- did I say 400? Maybe I should have
21 specified the full dose.

22 Q. Well, we can say -- why don't we say
23 400 milligrams ibuprofen, what is that Q4H?

24 A. It was 800. It was 400, two tablets, QH. So

Page 117

1 it's 800 three times a day, so that's 2400. So you are
2 reading from my thing here, right?

3 Q. Yes.

4 A. That part, that's what it says. So, yeah, 400
5 of ibuprofen a day, I think, should have been fine.

6 Q. Okay. Would less than that amount of
7 ibuprofen have been proper?

8 A. See, again, you just don't know. And even
9 ibuprofen -- you know, it's better than opioids, but
10 there was an issue in him later where he said he
11 couldn't take nonsteroidals too. So, you know, all
12 drugs are bad, basically. So it's -- nothing is
13 appropriate unless you have to have it. Like I said,
14 our go-to thing is we use partial weightbearing, ice.
15 And my patients swear by ice. My patients like their
16 ice better than their narcotics. So if you can get by
17 with him with very little done, get him partial
18 weightbearing with crutches and put ice on it and take
19 nothing, you are better off. If you can't, then you can
20 take ibuprofen. But at that point, I think that would
21 have been enough if he needed something more.

22 Q. Could you estimate how many of your patients
23 start taking ibuprofen alone within one day of their
24 surgeries?

Page 118

1 A. So I don't use ibuprofen that way because so
2 much of my surgery is repairing things, although this
3 one is not. But I do have a fair number of patients go
4 to plain -- So I step down to Tylenol. We do ice and
5 then narcotic, if they need narcotic, and then Tylenol.
6 So we step down to Tylenol. And for this kind of
7 procedure, it's not uncommon.

8 I mean, I will have a patient who will tell me
9 they took nothing or took one -- I couldn't give you
10 exact numbers, you know. But so this amount of
11 ibuprofen is a bigger amount of pain medicine because
12 ibuprofen is a little stronger than Tylenol.

13 Q. Again, maybe you won't know this, but do you
14 know how many of your patients continue narcotic
15 medications for more than one day?

16 A. It depends what kind of surgery. For bigger
17 stuff, most of them, for -- and, by the way, I don't do
18 too many scopes like this either because there was so
19 little done, but for minor scopes -- How many keep
20 narcotics for more than a day? A majority do.

21 Q. Okay.

22 A. But, again, you know, it's of the choices they
23 are giving. And they might take like one tablet a day,
24 which might be less than the ibuprofen, you know. And

Page 119

1 some take more, you know, they do. Not all my patients
2 are pain-free.

3 Q. Would you say there's a standard time frame
4 they continue to take it? I know you mentioned earlier
5 that many times they don't finish the whole bottle.

6 A. There's absolutely no standard time frame.
7 And I will tell you -- and as you probably know --
8 thinking has evolved greatly on this to the point -- To
9 tell you the truth, I'm considering not giving
10 hydrocodone at all because it's more -- the big patients
11 is something else, you know, but it's more than most of
12 my patients need. And I'm really fussy about narcotics
13 to begin with. I don't use any pediatrics drugs in my
14 practice for anything except for some of this after
15 surgery. So I think -- I don't want to throw stones,
16 but I think they are clearly -- let's just say that the
17 general usage of these is maybe more than I think it
18 needs to be.

19 Q. Okay. Does the efficacy of ibuprofen depend
20 on the size of the patient, all things being equal?

21 A. Sure.

22 Q. Okay. So you would expect ibuprofen to be
23 less effective in a large man like Mr. Burton than a
24 smaller patient?

Page 120

1 A. Yeah, right. So the 2400 -- the
2 2200 milligrams that I posited -- so for a guy, his
3 size, maybe it should be 2800 or something.

4 Q. Are you aware of any cases of, let's say, a
5 230-pound man suffering respiratory suppression while
6 taking the prescribed dose of Tylenol 3?

7 A. No.

8 Q. Do you know -- I know you are not an
9 anesthetist or anesthesiologist, but do you know if
10 Tylenol 3 has a greater, lesser, or same risk of
11 respiratory suppression as Norco?

12 A. In equianalgesic doses, they are all pretty
13 much the same.

14 Q. Okay.

15 A. So the two T3s should be the same as one
16 hydrocodone 10.

17 Q. Okay. You mentioned earlier Tramadol is not
18 considered an opioid --

19 A. Uh-huh.

20 Q. -- medication.

21 A. Yes.

22 Q. Can Tramadol cause respiratory suppression?

23 A. Well, I think it could. It's an -- I mean, I
24 guess you would have to give a lot of it. It's a funny

Page 121

1 drug. I'm not an absolute expert in that; but, yeah, I
2 mean, they all could suppress respiration.

3 Q. Okay. In your opinion, did Dr. Ghosh violate
4 the standard of care when he prescribed Mr. Burton a
5 month's worth of Tramadol in March 2010 for knee pain?

6 A. Before the surgery?

7 Q. Before the surgery.

8 A. You know, I didn't look closely at that. I
9 don't think -- I need to see the context. How often was
10 it? 50 milligrams every four hours? Do you know?

11 Q. I would have to pull up the record. Maybe we
12 can return to that question after a break if we have a
13 chance to look it up.

14 A. Okay.

15 Q. I'm going to quote from your -- this is Burton
16 page -- no -- Burton page 6, in the large paragraph
17 second from the bottom. In the middle, you see
18 "furthermore"?

19 A. Uh-huh.

20 Q. Furthermore, the high prescription strength
21 dose of ibuprofen he received is equivalent in analgesic
22 effect to a moderate dose of narcotics but without the
23 risk of death from respiratory suppression.

24 What's the basis of your claim that

Page 122

1 400 milligrams of ibuprofen is a high prescription
2 strength dose?

3 A. So, number one, why is it a prescription dose?
4 Because anything more than 200 is prescription. So you
5 can't get 400 -- they come in 4s, 6s, and 8s. They are
6 all prescription. So it's prescription. Why is it
7 high? Because he was prescribed six a day.

8 Q. Gotcha.

9 A. Two tablets, three times a day. The maximum,
10 by the way, maximum recommended for ibuprofen is 3200
11 milligrams. So it's not the most that you can
12 prescribe, but it's in that ballpark.

13 Q. Now, can you identify any equianalgesic tables
14 demonstrating that a 400-milligram dose of ibuprofen is
15 equivalent to an analgesic effect of a moderate dose of
16 narcotics?

17 A. I can find you a table -- I don't have it
18 right here -- that says that -- I got this from a table.
19 It's -- and these notes that you have of mine, all of
20 these are taken from the chart. There are two
21 italicized comments here that are my comments to myself
22 for this and one of them mentions the 2220. So it's
23 standard information. So 2220 is listed as the same as
24 10 of hydrocodone. And I could get you that. I think I

Page 123

1 have a link someplace, but it's readily available.

2 Q. We will make a request to have a copy of that
3 after the deposition.

4 A. Sure.

5 Q. Would any doctors disagree with the claim that
6 a 400-milligrams dose of ibuprofen is equivalent to a
7 moderate dose of narcotics?

8 A. So, again -- I mean, again, the best way to
9 state these things is quantitatively. So I'm saying
10 moderate to be clear here. No doctor would disagree
11 that 2220 milligrams of ibuprofen -- so you said 400,
12 but it's not 400; it's 2400, basically, in this case.
13 So no doctor should disagree that 400 milligrams of
14 ibuprofen are equianalgesic to 10 of hydrocodone. It's
15 in black and white unless there's some super
16 sophisticated pharmacologist that could quibble at the
17 edges. But that's standard medical information.

18 Q. Okay. You state that the decision to go to
19 Motrin was an excellent choice by Dr. Ghosh. And we are
20 on the same paragraph there on the bottom.

21 From the time of this excellent clinical
22 decision made by Dr. Ghosh, Mr. Burton's pain would only
23 diminish over time. Records from Stateville indicate
24 that this is, in fact, what occurred. So you say that

Page 124

1 it would only diminish after time, but isn't aggravation
2 of pain possible following a knee arthroscopy?

3 A. It is possible. But it's only possible and
4 always -- and I mentioned below, there's only two ways
5 that it can possibly happen. One is if he gets an
6 infection, which he clearly didn't. The other is if
7 your activity level is too great for that period. And I
8 see this with my patients, by the way. I see patients
9 who have virtually no pain after surgery and come in
10 and, wow, this is great, you know, and then a week later
11 they are hurting. And it's always because they are
12 doing too much. And I warn people. My point is, the
13 answer to that is that you are doing too much, get off
14 your leg, use crutches, that kind of thing, and then it
15 goes away, always, 100 percent, unless it's an
16 infection.

17 Q. And you are aware, Doctor, that in an
18 incarceration setting, a certain amount of movement for
19 most prisoners is essentially unavoidable?

20 A. You can move. You just use crutches to take
21 some of the weight off. I'm not saying he should stay
22 in bed all day. He should not do that. What I'm saying
23 is that sometimes people feel pretty good, maybe better
24 than they expected, and then they overdo it. And

Page 125

1 overdoing it is relative. They are not running
2 marathons. Do you know what I mean? But the answer is
3 always that they are doing more than what's appropriate
4 for your knee. And the answer is always to use
5 protected weightbearing, you know, be on it less, that's
6 part of it, or use protected weightbearing when you're
7 on it. But the answer is never more pain medicines.

8 Q. Whose responsibility is it to determine what
9 the appropriate amount of movement is for the knee
10 following surgery?

11 A. Well, what one tells the patient is -- I think
12 in pretty much every case. I mean, I think every doctor
13 would do this -- is that you would tell the patient,
14 Your knee is going to be kind of sore; you have to take
15 it easy; and just don't push it through pain. The wrong
16 answer, which is out there too much, is, you know, if it
17 hurts, take more pain meds. That's always the wrong
18 answer and it gets everybody into trouble. The right
19 answer is you tell the patient you self-adjust -- you
20 should; I certainly do -- and I'm sure Dr. Ghosh did --
21 you tell the patient -- it's kind of obvious, right? I
22 mean, don't do things that make it hurt.

23 Q. And then you go on to say that after that,
24 Records from Stateville indicate that this is, in fact,

Page 126

1 what occurred, this is being a diminishment of pain.

2 A. Right.

3 Q. Which records in particular support that

4 contention, that Mr. Burton's pain decreased over time?

5 A. Yeah, I don't know. That's October. I didn't

6 copy down absolutely everything. But I've got one from

7 February 9th, which is three and a half months later, I

8 believe, that says, No complaints of pain or discomfort.

9 So that one.

10 Q. So several months afterward?

11 A. Yeah. And I don't know. Maybe I should have

12 written more stuff down from the time in between.

13 Q. You are not able to identify any records

14 showing that he had diminished pain in the week

15 following his surgery?

16 A. I wouldn't say I'm not able to do it. I

17 didn't focus on that because you just don't get

18 increased pain unless you are overdoing or there's an

19 infection. So, you know, to me most of this -- I looked

20 at all the stuff long term kind of for context, you

21 know. So I don't know. I guess I could look throughout

22 records again.

23 But to me the main issue here was what

24 happened pretty much in that first time after surgery.

Page 127

1 But I would be happy to go back and try to -- see --

2 well...

3 Q. So let's say you have a patient -- one of your

4 patients has a similar surgery, is sent out, and they

5 are complaining of pain, there's no infection, and so it

6 would be your understanding that they were too active on

7 the knee; is that correct?

8 A. Yes.

9 Q. What advice would you give them?

10 A. I tell them -- I say, Be on it less, don't be

11 walking around a lot, but don't stay in bed all day, you

12 know. And we either get people crutches or a walker

13 depending on how old they are. And I tell them, If you

14 take some pain [sic] off of your leg, I will guarantee

15 that 100 percent of your pain will immediately and

16 permanently go away, and it does. I tell every patient

17 that. And it never doesn't work.

18 Q. Would there be other options, treatments that

19 you're -- not even treatments -- other things they can

20 do?

21 A. Yeah. And let me be clear, if you take weight

22 off, it always works. The real issue would be, you

23 know, maybe you do a scope in an arthritic knee and they

24 are having some pain and they have to take weight off

Page 128

1 and then maybe a little while later, they put more

2 weight on and they have pain. Well, in a case like

3 that, maybe the scope didn't work, maybe they need

4 something else. But the taking some weight off always.

5 It sort of can't not work. And the only other thing

6 that would be out there from my perspective is if I'm

7 missing some remote diagnosis.

8 I had one patient -- pretty unusual that I

9 remember well -- that had this burning pain on their leg

10 no matter what -- and it turned out -- and I had the

11 patient come in, you know, and they had developed a

12 sciatic herniated disc making the pain run down the leg.

13 You know, so I always want to make sure I'm not missing

14 something else. So I would bring the patient in and

15 examine them.

16 You can have pain in the knee from the hip.

17 So I would examine the hip and say, Gosh, what am I

18 missing here? Do you know what I mean? But otherwise

19 it's just always a matter of weightbearing and people

20 don't like to hear this because it's inconvenient.

21 People would always rather get a drug, so you have to be

22 very careful. And people will complain of pain and say

23 they really want pills, but our responsibility is just

24 not -- is to treat the root cause, you know. So it's

Page 129

1 always weightbearing for something like this or ruling

2 out other obscure diagnoses.

3 Q. Could they use ice as well?

4 A. Oh, yeah. And -- I'm sorry. Yeah, ice is a

5 given. It's always ice. So yeah. I'm sorry. I should

6 have said --

7 Q. I just wanted to clarify.

8 A. Yeah. It's always ice and weightbearing.

9 Q. And your patients also have the option of the

10 medication you prescribed them too?

11 A. Yeah, they do. But it's a limited amount and,

12 you know, I don't prescribe more absent very unusual

13 circumstances. So, yeah, that's part of the spectrum,

14 for sure.

15 Q. Gotcha.

16 So just to loop back, I guess, on that one

17 question. When you say that Mr. Burton's pain

18 diminished over time, you are referring to in the months

19 following rather than the week immediately following the

20 surgery?

21 A. I don't know. I probably should have written

22 more down. The only thing I've got documented here is

23 the month following. I don't remember the whole medical

24 record and I didn't document it beyond that. So that's

Page 130

1 the only thing that I could cite. I don't know.

2 **Q. Okay. Doctor, have you ever left sutures from**

3 **an arthroscopy in for 44 days?**

4 A. I don't think for 44 days. We -- Here and

5 there, I have had one or two that have been left in for

6 several weeks or the nurse just didn't see it kind of

7 thing.

8 **Q. In your opinion, does leaving sutures in for**

9 **44 days meet the standard of care?**

10 A. Well, here's the thing, leaving sutures in --

11 they are inert. It doesn't cause pain and it doesn't do

12 harm. Does it meet the standard of care? I don't know.

13 You like to take them out and we do and most people do.

14 Sometimes people miss one here and there. So does it

15 meet the standard of care? Gosh, I don't know. It's a

16 funny word, you know, I mean, if it doesn't, it violates

17 it in an unimportant way.

18 **Q. But leaving sutures in for 44 days might**

19 **violate the standard of care?**

20 MR. LOMBARDO: Objection, form.

21 BY THE WITNESS:

22 A. So could I ask you to define what the standard

23 of care means?

24 **Q. I actually can't.**

Page 131

1 A. You know, honestly, it just makes something

2 insignificant sound really bad to say that. You know

3 what I mean? So I don't know what to say. Is it best

4 practice? Should you try to take them out? Yes. Was

5 it kind of an error not to take them out? Yes. Is it a

6 good thing -- is it a bad thing to leave them in? Yes.

7 Is it a harmful thing to leave them in? No.

8 **Q. Okay. Let's see. Right at the end, at the**

9 **very bottom line on 6, you say, Hereupon his release**

10 **from the infirmary, Dr. Ghosh provided Plaintiff with**

11 **crutches, an immobilizing knee brace, and a permit for a**

12 **low bunk. And you said that this treatment included**

13 **medical apparatuses and other accommodations that were**

14 **effective in treating any symptoms of minor pain that**

15 **Mr. Burton may have been experiencing. Would -- You**

16 **don't opine that the use of crutches, a brace, and a low**

17 **bunk would be effective in treating moderate or severe**

18 **pain; is that correct?**

19 A. Let me see. Well, yeah. I didn't say it,

20 but -- I didn't say it because it wouldn't be something

21 that -- Let me put it this way: I didn't say it because

22 he wouldn't have severe pain unless something else had

23 happened. Like an infection. And in that case -- so to

24 be clear -- and this is an important point -- you don't

Page 132

1 want -- it's really important to not be giving patients

2 things that can treat severe pain when severe pain ought

3 not to be part of their course. If they are having

4 severe pain, the answer is not to give them things that

5 could mask it; the answer is to tell them to come in or

6 to call or something. You know what I mean?

7 **Q. Uh-huh. Okay.**

8 **Moving on. Right after that, you say,**

9 **Furthermore, Dr. Ghosh referred Plaintiff to physical**

10 **therapy at Stateville, which, according to the medical**

11 **records, alleviated Mr. Burton's symptoms and increased**

12 **the range of motion in his knee. In factoring his**

13 **follow-up evaluations at UIC, Dr. Chmell noted that**

14 **Mr. Burton was doing well after surgery.**

15 **Do you know the length of time between when**

16 **Mr. Burton was referred to PT and when he received it?**

17 A. I don't think I can tell you exactly.

18 **Q. Does it sound correct that it was nearly six**

19 **months?**

20 A. As I recall, it was kind of a long time. I

21 recall him complaining -- Mr. Burton -- that it was

22 taking them forever. So it seems to me like it was a

23 while.

24 **Q. So in your opinion, the prescription of**

Page 133

1 **physical therapy didn't do anything to alleviate the**

2 **postsurgical pain in the weeks following surgery; is**

3 **that right?**

4 A. Yes. But you have to understand that we don't

5 start physical therapy -- So in here -- It was kind of

6 interesting, in here he does physical therapy and he

7 feels that physical therapy helped him. Right? I don't

8 prescribe -- First of all, I don't always prescribe

9 physical therapy at all for these things. Secondly, I

10 don't prescribe physical therapy in the first three

11 weeks because physical therapy actually induces pain.

12 So if you -- And not every doctor practices this way;

13 but, you know, you are sitting in a PT clinic. So I

14 employ physical therapists. But physical -- If you take

15 a knee that -- it gets inflamed from the arthroscopic

16 procedure. And if you take that knee and you start

17 doing physical therapy which involves bending and

18 strengthening and that kind of stuff, it tends to make

19 people sore. So I'm very careful to not do physical

20 therapy in the immediate postoperative period and just

21 let people leave it alone.

22 **Q. Okay. So if you do refer someone to physical**

23 **therapy, what's the standard time after surgery you**

24 **would want them to begin?**

Page 134

1 MR. LOMBARDO: Objection. Form. Calls for
2 incomplete hypothetical.
3 BY THE WITNESS:
4 A. It depends on the procedure. For rotator cuff
5 repairs, I wait ten weeks because early therapy has been
6 associated with an increased risk of tears. For a
7 typical arthroscopic meniscectomy, I wait three.
8 **Q. Three weeks?**
9 A. Uh-huh.
10 And I see them back and I make sure they are
11 quieted down. And if they are not -- usually they are,
12 you know. And if they are not quieted down -- they get
13 quite really quick, maybe two weeks, maybe three. And
14 if they are very inflamed, I could wait longer. But
15 usually three for something like this.
16 **Q. Gotcha.**
17 A. And by the way -- sorry -- I don't think
18 there's any -- so later on he was kind of stiff, you
19 know, and they did the physical therapy for motion, and
20 I think that was useful. In general, I don't think
21 there's any need for physical therapy at all after what
22 he had done, by the way.
23 **Q. Okay. One brief thing I just want to make**
24 **sure I'm understanding, you say, right at the end of**

Page 135

1 that paragraph, the top one on 7, It should also be
2 pointed out that Mr. Burton's psychoactive drugs he was
3 taking during this time frame increased the risk of
4 using opioids even more and represent another reason for
5 avoiding a prolonged use by Mr. Burton.
6 Is it your opinion that psychoactives --
7 psychoactive drugs cause an increased risk of opioid
8 abuse or that patients taking psychoactive drugs are at
9 a higher risk of opioid abuse?
10 Does that make sense?
11 A. So let me just tell you, I think maybe the
12 sense that I was using this word is not what you are
13 taking from it. So you -- I think you just said
14 "abuse." Right?
15 **Q. I did.**
16 A. So I wasn't -- I didn't use the word "abuse."
17 I used the word "use." So what I was referring to there
18 was not the abuse potential. Psychiatrists can tell you
19 better than me. I mean, it probably does, actually. I
20 don't know. But what I was talking about was being on
21 psychoactive drugs increases the risk of using opioids
22 because of the aggregated side effects, that if you have
23 a drug -- and I don't know what he was taking for his
24 bipolar -- but if you are taking -- all of those drugs

Page 136

1 work on your brain. And while opioids, you know, work
2 on the pain center, they do more than that, and opioids
3 can make people loopy; they can make people do weird
4 things. And whenever you're -- In fact, I don't even
5 give people sleeping pills if they are on these things
6 because if you are taking one drug that works on your
7 brain and you take another drug that works on your
8 brain, the fact that he is taking the bipolar drugs to
9 begin with increases the -- then if you add opioids to
10 it, the chances of having a weird neurologic side effect
11 goes up because you are taking two -- the fact of being
12 loopy, being out of your head a little bit, that kind of
13 thing.
14 So I wasn't talking about abuse like being a
15 drug addict. I was talking that using opioids in people
16 that are on psychoactive drugs. You see what I'm
17 saying?
18 **Q. Yes. That's really a helpful clarification.**
19 **Thank you.**
20 Talking about opioids, you also mention later
21 on that the United States is in the midst of an opioid
22 epidemic, some of it fueled by excessive prescriptions
23 by medical practitioners. Dr. Ghosh is to be commended
24 for his excellent, appropriate, and judicious use of

Page 137

1 opioid pain medicines for Mr. Burton. That's your
2 opinion, correct?
3 A. Yes.
4 **Q. What is the risk of, I suppose, the relevance**
5 **of the opioid epidemic to Mr. Burton's treatment?**
6 A. One thing we didn't talk about here -- We
7 talked about respiratory suppression, which -- and
8 constipation, for example, which can get to be a big
9 problem. But the other thing is when you are on these
10 things for any length of time, like several days, you
11 get habituated to them. And you get -- not your fault,
12 you know, doctor gives them to you. And then when you
13 stop taking them, one of the things that happens is you
14 have trouble sleeping and other things. So it's yet
15 another reason to get people off of them. And I'm just
16 trying to point out here because I gather part of the
17 issue in this case is whether Dr. Ghosh acted
18 appropriately. And, as I said before, I commend him
19 because I'm just putting context -- maybe I didn't need
20 to do this. I hope it didn't sound preachy -- but that
21 we have got a real problem, and doctors who -- and it's
22 hard -- by the way, the path of least resistance of a
23 doctor is just to give people things. You know? And so
24 when you restrict people with drugs, you run this kind

Page 138

1 of risk, for example, you know, the patient gets upset
2 and they go after the doctor, one thing or another.
3 So he showed -- I think he did the right
4 thing. I think it's a difficult thing and he is sitting
5 there in a prison, you know, and these guys are probably
6 kind of intimidating. So I'm just trying to point out
7 that there's a larger concept to this whole thing that
8 having a foot soldier in the war on drugs like him who
9 has the guts to do the right thing is just important in
10 general.
11 **Q. So, as you said, it's sort of in general.**
12 **That was -- Your point of making that statement, was**
13 **that about opiates more broadly? You weren't claiming**
14 **that Mr. Burton was at any specifically increased risk**
15 **for opioid abuse?**
16 MR. LOMBARDO: Object to form.
17 BY THE WITNESS:
18 A. You mean as to your prior question?
19 **Q. Yes.**
20 A. I don't know. I think that he probably is,
21 but I didn't want to say that because I really don't
22 know. I really can't back it up.
23 **Q. There's nothing in the record to indicate**
24 **that, correct?**

Page 139

1 A. Yes. And not anything against Mr. Burton
2 either, you know; but, you know, people who are on one
3 form of medication and, you know, maybe being in that
4 environment, but I don't know. I don't know. But, no,
5 I wasn't -- I wasn't talking about him being at
6 increased risk.
7 And like you asked earlier, are prisoners
8 different than other people. They are not. The only
9 reason I paused before is I was thinking about context,
10 like if they are in danger because another thing that
11 occurred to me is -- you know, and it happens here
12 too -- people will kill and rob -- I mean, Vicodin is,
13 like, I'm told, 25 bucks on the street to kids, you
14 know. So if you're -- if you're in possession -- so we
15 tell people to keep it secret. Right? If you are in
16 possession of -- and some are more abusable than
17 others -- of narcotics, you are at risk of being robbed
18 or worse because you are carrying contraband. You know?
19 So is that a bigger risk in there? You know, I don't
20 know.
21 I don't mean to be saying too much, but I was
22 just talking about not him being any different than
23 anybody else.
24 **Q. Okay. In your opinion, when is the use of**

Page 140

1 **opioid drugs appropriate?**
2 A. Well, you know, it's an individual thing.
3 There are different circumstances. It's appropriate
4 when there are not other drugs, non-opioids, that you
5 think are appropriate. I mean, it's appropriate in
6 hospice. Right? You know, that's one place, in a
7 controlled environment. In my world it's appropriate
8 for postoperative pain. And I don't know. You know,
9 maybe I should be using even less than. I don't
10 otherwise use them except in rare circumstances, you
11 know. I mean, I do here and there, but very little.
12 So, I mean, it's an individual case. Is
13 risk-benefit analysis, you know. And every patient
14 is -- I've had patients who have been drug addicts and
15 alcoholics who tell me after surgery, Doctor, I don't
16 want any of the stuff, you know. So maybe the pain will
17 be appropriate but the context isn't. So it's all
18 individual.
19 **Q. Okay. Is there any possibility that his prior**
20 **treatment -- We know he had, I think, a month's worth of**
21 **Tramadol in March and then perhaps Motrin regularly --**
22 **I'd have to go back to the records to find out**
23 **exactly -- could that length of treatment affect his**
24 **pain perception or drug tolerance?**

Page 141

1 A. Well, so there's this thing called the
2 cytochrome P450 enzymes in your liver. And when you
3 take a lot of liver-metabolized drugs, like enzymes will
4 get revved up and you need drugs. So like alcoholics,
5 alcohol uses this stuff. So alcoholics are notoriously
6 harder to treat for pain meds. I don't think
7 Tramadol -- I'm not sure, to tell you the truth. I
8 mean, Tramadol is not one of those drugs you usually
9 think of like this. I don't think so with ibuprofen
10 either. I mean, maybe. Maybe a little. I'm not enough
11 of an expert on pharmacology.
12 The things we know and what's been studied is
13 that people who are given heavy-duty opioids like
14 hydrocodone beforehand -- there's studies on this -- if
15 you get people who are in pain before surgery, just get
16 people off the stuff because if they are taking
17 hydrocodone before the surgery, the hydrocodone is going
18 to be less effective and then you have to give more of
19 the stuff and then the risk goes up. Alcohol, we know.
20 Beyond that, there are things that part of the
21 common perception. I mean, maybe a smarter doctor than
22 me would know some others, but that's what we generally
23 think of. So I would sort of doubt it to answer your
24 question.

Page 142

1 Q. Gotcha.

2 And right toward the end, the last part of

3 your discussion, you say, Moreover, any complaints of

4 problems after the first week after surgery are

5 unrelated to his postoperative acute pain and it would

6 not be clinically appropriate to treat any such symptoms

7 with dangerous opioid medication; is that correct?

8 A. Yes.

9 Q. It's possible for postoperative acute pain to

10 continue for up to a week?

11 A. Yes. To some degree, I think it does.

12 Q. Have you ever had patients experience

13 postsurgical acute pain for more than a week?

14 MR. LOMBARDO: Objection. Form.

15 BY THE WITNESS:

16 A. Yeah. It depends what it is. So people with

17 ACL reconstruction -- and, again, there's pain and

18 there's pain, you know. So postoperative -- so what

19 I -- Yeah. So the idea is that after a procedure like

20 this, I mean, so he would have an incisional tenderness.

21 I mean, if you poked on it, you know, it would hurt and

22 maybe have a little pain, but it should be minor. You

23 know, my patients -- yeah, my ACL reconstructions have

24 pain, most of them, not all of them. I mean, they have

Page 143

1 some pain, but it diminishes a lot. So my point with

2 this was that after the first week if he is hurting a

3 lot, it's not from the surgery.

4 MR. O'HARA: Okay. I apologize. I'm going longer

5 than I hoped. I could use five minutes just to rally up

6 the last line of questioning for a last go if that's

7 okay with you.

8 MR. LOMBARDO: I have a very short follow-up.

9 MR. O'HARA: Yeah. I do want to leave you some

10 time for that.

11 THE VIDEOGRAPHER: Off the record at 7:28 p.m.

12 (WHEREUPON, a brief break

13 was had.)

14 THE VIDEOGRAPHER: Back on the record at 7:37 p.m.

15 BY MR. O'HARA:

16 Q. Dr. Prodromos, as you know, you are still

17 under oath.

18 A. Yes.

19 Q. I just want to follow up on a few last points.

20 We have discussed two other doctors really

21 specifically during our conversation, Dr. Chmell and

22 Dr. Ghosh. And you said you are sure Dr. Chmell is a

23 good surgeon. Just curious, do you know Dr. Chmell at

24 all?

Page 144

1 A. I do not.

2 Q. Okay. Are you familiar with his work in any

3 way?

4 A. I am not except from his operative note here.

5 I don't otherwise know him.

6 Q. You don't know him by reputation?

7 A. I actually don't.

8 Q. Okay. And then for Dr. Ghosh, have you ever

9 met Dr. Ghosh?

10 A. No.

11 Q. Are you familiar at all with his work?

12 A. I am not.

13 Q. Are you familiar with his reputation?

14 A. No.

15 Q. Okay. I want to turn back about -- I know

16 we've been discussing this some, but -- what your

17 patients can do besides take more medicine if they are

18 having pain postsurgery.

19 A. So the idea is that pain occurs for a reason.

20 I tell my patients that pain is your friend because it

21 tells you that there's something wrong and what to do

22 about it. So this is what I live by in my practice.

23 And, you know, after surgery, they are going to have

24 some pain and you give them some medications. But the

Page 145

1 best way to practice medicine is to focus on the causes

2 of the pain and not the pain. So for lower extremity

3 surgery, it's virtually always protected weightbearing.

4 And, obviously -- and I will see people. If I get

5 something saying I have a lot of pain, I will see them

6 because maybe they are getting an infection. In

7 32 years I've never had one after a scope, but could be

8 the next one, right? So that's the thing. You want to

9 focus on causes and you want to focus on biomechanical

10 things and, you know, ice, coolness. You have to be

11 careful not to ice the skin so you don't get an ice

12 burn, and then medications judiciously.

13 Q. And the medications could include the opioids

14 that are prescribed or, say, Tylenol?

15 A. Yes.

16 Q. They could go to the store and buy

17 over-the-counter medications?

18 A. Yes. And I -- and Tylenol is -- yeah. And

19 sometimes there are occasions where Tramadol, I'll give

20 them, but usually not. Usually it's ice, a narcotic, or

21 no narcotic, and Tylenol, and protective weightbearing.

22 Q. And they have ice machines, typically, we

23 assume?

24 A. Yeah. It's a little chore to get the

Page 146

1 insurance company to pay for them, so we work very hard
2 to do that. And if not that, then just continuously
3 icing with ice packs.
4 Q. And if the pain is not improving, they can
5 come and see you, correct?
6 A. Correct. We insist on that. My staff all
7 knows. If they -- I just don't give them -- because I
8 might be missing something, you know? So I will see
9 them the same day. So yeah.
10 Q. Okay. Great.
11 Turning to your report, you didn't personally
12 meet with Mr. Burton at any point, did you?
13 A. No.
14 Q. You didn't perform an examination?
15 A. No.
16 Q. The report, in particular, did you personally
17 draft this report?
18 A. That we have been reading?
19 Q. The one we've been reading.
20 A. Yes.
21 Q. Okay. So I want to go back to your list of
22 opinions that we discussed at the beginning of our --
23 toward the beginning of our conversation.
24 A. Where is that?

Page 147

1 Q. That is on BUR5. Excuse me, BUR7.
2 A. Yes.
3 Q. So we -- I think I asked you a question about
4 what were the bases for your opinion and that started a
5 long conversation between us and we didn't quite -- I
6 didn't quite close off that discussion. And so I want
7 to ask you: As far as this broad opinion number 1 that
8 Ghosh and the medical staff complied with the standard
9 of care, you said because they adequately treated his
10 pain; is that correct?
11 MR. LOMBARD: Objection. Mischaracterizes his
12 previous testimony.
13 BY THE WITNESS:
14 A. Well, I mean, the sum and substance of what he
15 needed, right. He adequately -- and I think, as I said,
16 I think he went -- he made two changes in the
17 medication, which I don't think he had to do. So I
18 think, you know, from the Norco to the Tylenol 3 to the
19 ibuprofen, so that I thought was very good. The nurses
20 mentioned that they, you know, checked the wound and
21 cleaned it and covered it with Betadine. There wasn't a
22 heck of a lot else to do for those. And he got him
23 crutches; he got him the low bunk; prescribed the
24 physical therapy even though I think that -- well,

Page 148

1 physical therapy. So yeah. So that's pretty much it.
2 Q. Okay. Great.
3 On the second one, the arthroscopic knee
4 surgery that Mr. Burton underwent is a minimally
5 invasive procedure and cannot be attributed to causing
6 Mr. Burton's significant pain. Is it fair to say that
7 that opinion is based on your experience as a surgeon?
8 A. Can I tell you something?
9 Q. Yes.
10 A. There's one part about that opinion I don't
11 like in looking at it now. And is it based on my
12 experience? It is. But what I should have said there,
13 and maybe I meant to say, I don't know, but it says, And
14 cannot be attributed to causing significant pain. I
15 should have said severe pain because it does cause
16 significant pain. That's just my using the wrong word,
17 and I apologize. So if you put severe in there, that's
18 more of what I really wanted to say. But is it based on
19 my experience? It is based -- you know, it's kind of
20 like what it says at the top. It's my -- at this point
21 I have been doing this for so long, it's based on my
22 experience but it's based on my education, experience,
23 training, knowledge, all this kind of stuff.
24 Q. And was it also based on your review of the

Page 149

1 surgical notes?
2 A. Yes. In this case it is, right, because of
3 the nature of the scope.
4 Q. Any other bases for that opinion?
5 A. No.
6 Q. Okay. Thanks.
7 Tylenol -- You say, Tylenol 3 is an
8 appropriate substitute for Norco in treating Mr. Burton
9 for any acute pain he may have been experiencing
10 immediately following the surgery.
11 Again, could you briefly describe your bases
12 for that opinion? It could be your experience,
13 education, training, and knowledge.
14 A. Yeah, it's all of that. It's kind of the
15 equianalgesic doses that the Tylenol 3 -- so the two
16 Tylenol 3s have as much narcotic as 10 of the
17 hydrocodone. Actually, the reason -- I was thinking
18 about this: Why don't people use Tylenol 3 like they
19 used to? And, actually, the reason is, I think, that I
20 think the 300 milligrams of Tylenol in it -- so the
21 thing is -- one of the things that limits the use of
22 these narcotics is acetaminophen -- which is Tylenol --
23 toxicity. So it has a lower ratio of narcotic to
24 acetaminophen. So you couldn't push the narcotic as

Page 150

1 much because you would take too much Tylenol, although
2 for him it's fine because he wasn't needing a ton of
3 them.
4 So I didn't mean to digress. Did I answer
5 your question?
6 Q. Sure. Well, let me just re-ask it or kind of
7 re-summarize it.
8 So your education, experience, training, and
9 knowledge, and this equianalgesic table in particular
10 were what you relied on to develop Opinion 3?
11 A. Yes.
12 Q. Anything else?
13 A. No. Well, the medical record, you know, that
14 he wasn't in -- he shouldn't have been, but he wasn't in
15 horrible, severe pain.
16 MR. O'HARA: Gotcha.
17 That's it for me right now. If you do a short
18 direct, I would just reserve a minute or two.
19 EXAMINATION
20 BY MR. LOMBARDO:
21 Q. Dr. Prodromos, you state in your report that
22 you have done thousands of knee surgeries, but I would
23 like to get a little more specific.
24

Page 151

1 (WHEREUPON, there was a brief
2 interruption.)
3 THE VIDEOGRAPHER: Back on the record at 7:47 p.m.
4 BY MR. LOMBARDO:
5 Q. Dr. Prodromos, how many right knee
6 arthroscopies have you performed in your career?
7 A. I don't know.
8 Q. Over 1,000?
9 A. Yeah. I mean, I guess, yeah. I mean, do a
10 few hundred a year and I've been doing this for
11 30 years. So but -- So maybe it's a quarter of them, so
12 a thousand probably. I don't know if the right knee --
13 the right knee is different than the left knee.
14 Q. Have you done over 100 partial lateral
15 menisectomies in your career?
16 A. Yes.
17 Q. Have you done over 100 chondroplasties in your
18 career?
19 A. Yes.
20 Q. Have you done over 100 procedures that involve
21 removal of loose bodies from the knee in your career?
22 A. Yes.
23 Q. I believe you testified that you often testify
24 as an independent treating physician.

Page 152

1 A. Well, testify, that means court?
2 Q. No. At depositions.
3 A. Yeah. I get deposed for patients probably, I
4 don't know, six or seven a year, probably.
5 Q. Would you say that you advocate on behalf of
6 your patients during these depositions?
7 A. Yeah.
8 Q. Is it your understanding that your patients
9 are plaintiffs in personal injury lawsuits the reason
10 you are taking those depositions?
11 A. It's either personal injury or work comp.
12 Q. I would first like to draw your attention to
13 the medication administration record, which I believe
14 was Plaintiff's Exhibit 4. And I'm looking specifically
15 at IDOC327.
16 Now, Doctor, you are not familiar with the
17 IDOC's medication administration record, are you?
18 A. Not really.
19 Q. Do you have any understanding regarding
20 whether some pills are kept on the prisoner's person as
21 opposed to given on a watch-take basis?
22 A. The only hint I got from that, as I mentioned
23 before, is that somewhere in there there was a note that
24 said he had ibuprofen in his cell. So I don't know

Page 153

1 anything other than that. I don't really know what they
2 do specifically.
3 Q. In fact, I had informed you of that
4 information, that there's a difference between
5 watch-take medication and a medication that prisoners
6 kept in their cell.
7 A. Yeah.
8 Q. And I also advised you that ibuprofen is a
9 medication that's kept in the cell.
10 MR. O'HARA: Object to the form.
11 BY THE WITNESS:
12 A. Yes.
13 Q. Okay. Looking at IDOC327, while it's
14 difficult to appear, the third medication down, is that
15 ibuprofen 400 milligrams?
16 A. Yes.
17 Q. And what date does it appear that that
18 prescription ended?
19 A. Well, it's written in there at 10/30/10, so
20 I'm assuming that's an accurate thing that's written in
21 there.
22 Q. Assuming that's true, would Mr. Burton have
23 had his ibuprofen 400 prescription current through
24 October 30, 2010?

Page 154

1 A. Yes.

2 Q. And that would have been 11 days after

3 surgery?

4 A. Yes.

5 Q. If my math is correct.

6 A. Yes.

7 Q. The next exhibit I would like to show you is

8 the UIC records, which are marked as Plaintiff's

9 Exhibit 3. Dr. Prodromos, did you read Dr. Chmell's

10 orthopedic notes in connection with forming your

11 opinions?

12 A. I read his operative note. You mean his notes

13 from before surgery?

14 Q. Yes.

15 A. Not much.

16 Q. How about immediately following surgery?

17 A. I honestly don't remember. I probably looked

18 at it, but I don't remember.

19 Q. I'm going to direct your attention to UIC22.

20 Could you please read the second, third, and forth

21 sentence of that section called History of Present

22 Illness?

23 A. He states that he has been doing well in the

24 interim but has a little bit of knee stiffness and some

Page 155

1 pain. He has been using crutches to assist with

2 ambulation. He states he has been able to put more

3 weight on the knee without discomfort.

4 Q. Okay. What is the date of that UIC note?

5 A. 10/25/2010.

6 Q. So approximately how long is that after

7 surgery?

8 A. Six days.

9 Q. What is your assessment of plaintiff's

10 condition according to Dr. Chmell at that time?

11 MR. O'HARA: Objection. Form and foundation.

12 BY THE WITNESS:

13 A. I mean, I think he is doing pretty well.

14 First of all, the doctor concluded that he is, quote,

15 doing well and he said he has a little bit of knee

16 stiffness and pain. And presumably that would be --

17 he's on ibuprofen and he says he was able to put more

18 weight on the knee without discomfort. So, yeah, he is

19 doing pretty well.

20 Q. I want to go to the questioning about removal

21 of sutures. Do you have any opinion regarding leaving

22 in the sutures for 44 days impacted Mr. Burton's

23 recovery from surgery?

24 A. I don't think it did.

Page 156

1 Q. I'm sorry. So you do have an opinion?

2 A. I do have an opinion that it did not.

3 Q. That it did not...

4 A. Impact his recovery after surgery.

5 Q. I'm sorry. I lost you there.

6 Would leaving in sutures for 44 days be

7 attributed to pain in the knee after this type of

8 surgery?

9 A. No.

10 Q. Do you have any opinions regarding the

11 preoperative care provided to Mr. Burton?

12 A. Not really.

13 Q. Were all of the opinions you gave today made

14 to a reasonable degree of medical certainty?

15 A. Yes.

16 MR. LOMBARDO: That's all I have for now.

17 MR. O'HARA: One minute.

18 THE VIDEOGRAPHER: Off the record at 7:54 p.m.

19 (WHEREUPON, a recess was had.)

20 (WHEREUPON, the record was read

21 as requested.)

22 THE VIDEOGRAPHER: Back on the record at 8:01 p.m.

23

24

Page 157

1 EXAMINATION

2 BY MR. O'HARA:

3 Q. Dr. Prodromos, were you told to make any

4 assumptions in drafting your report?

5 A. No, I don't think so.

6 Q. Okay. Turning to IDOC327, which I suspect

7 Mr. Lombardo has handed to you. Mr. Lombardo, before we

8 just had a brief break, made some representations to you

9 about what prisoners may or may not be able to take

10 medication in their cell. Do you recall that?

11 A. Yes.

12 Q. Your report contains no information about what

13 type of medication prisoners can take in or out of their

14 cell; is that right?

15 A. Correct.

16 Q. Okay. You have no opinion as to what

17 medication prisoners may be able to take in or out of

18 their cell?

19 A. Well, Mr. Lombardo just told me what -- some

20 things they can and can't, so I guess I have an opinion

21 now.

22 Q. But that opinion is not contained in your

23 report?

24 A. No.

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Pages 158..161

Page 158

1 Q. Okay. And it's not based on the medical
2 records that you reviewed?
3 A. Correct.
4 Q. And it's not based on your personal knowledge
5 of the procedures at the prison?
6 A. Correct.
7 Q. Thank you.
8 And, finally, if you take a look at that
9 middle entry on IDOC327 where it says ibuprofen,
10 400-milligram tablets, on the furthest left, there are a
11 series of dates. It looks like it may say, Original
12 order and discontinue, if you are able to read.
13 A. Yes.
14 Q. Counsel represented to you that the
15 discontinue date there was 10/30/10, I believe.
16 A. Yes.
17 Q. Are you able to read that line?
18 A. Well, it's written over in pen.
19 MR. LOMBARDO: Maybe you should look at the
20 original because I think I might have -- I will help
21 you.
22 MR. O'HARA: We will object that he was shown an
23 exhibit with Counsel's writing on it.
24 BY THE WITNESS:


Page 159

1 A. So the first digit of the month is cut off.
2 The day looks like 20 and the year looks like 10. And I
3 can't tell what comes in front of it, honestly. And it
4 could be the day is 30 and the year is 10. And I can't
5 read the month.
6 MR. O'HARA: Okay. That's fair. I have no further
7 questions.
8 MR. LOMBARDO: Do you want to reserve signature or
9 waive?
10 THE WITNESS: Waive.
11 THE VIDEOGRAPHER: Off the record at 8:03 p.m.
12 (WHEREUPON, the following proceedings
13 were had off the video record:)
14 THE REPORTER: Do you need to order the transcript?
15 MR. O'HARA: Yes. E-tran.
16 THE REPORTER: Do you need a copy, sir?
17 MR. LOMBARDO: E-tran only, please.
18 FURTHER DEPONENT SAITH NOT.
19
20
21
22
23
24

Page 160

1 STATE OF ILLINOIS)
) SS:
2 COUNTY OF C O O K)
3 I, KAREN ORENSTEIN, CSR No. 84-4693, a
4 Certified Shorthand Reporter of the State of Illinois,
5 and a Registered Professional Reporter, do hereby
6 certify:
7 That previous to the commencement of the
8 examination of the witness, the witness was duly sworn
9 to testify the whole truth concerning the matters
10 herein;
11 That the foregoing deposition transcript was
12 reported stenographically by me, was thereafter reduced
13 to typewriting under my personal direction and
14 constitutes a true record of the testimony given and the
15 proceedings had;
16 That the said deposition was taken before me
17 at the time and place specified;
18 That I am not a relative or employee or
19 attorney or counsel, nor a relative or employee of such
20 attorney or counsel for any of the parties hereto, nor
21 interested directly or indirectly in the outcome of this
22 action.
23
24

Page 161

1 IN WITNESS WHEREOF, I do hereunto set my hand
2 at Chicago, Illinois, this 18th day of January, 2018.
3
4
5
6 
7 KAREN ORENSTEIN, CSR, RPR,
8 CSR Certificate No. 84-4693
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
 Chadwick Prodromos, M.D. - 01/04/2018

Index: \$1,000..accoutrements

\$	10s 90:16	25 13:1,4 39:13 87:7 139:13	400-milligrams 123:6	8
\$1,000 29:13 31:2,8	11 154:2	26(a)(2) 6:11	400s 50:21	8 102:15
\$2,000 30:17	11:30 49:23	2800 120:3	420 115:3	800 116:24 117:1
\$4,000 29:12 30:24	12 102:1,7		44 130:3,4,9,18 155:22 156:6	85 12:11
\$500 31:9	12-something 104:12,20	3	4:26 4:3	87 10:15,17
(12:15 104:22	3 29:16 42:4,10,19 48:8,16,22 49:2,8,10 52:22 66:19 67:3 68:2 69:14 96:11 105:13, 21,24 106:2 111:1,15 112:1,4 113:22,24 114:14 115:15 120:6, 10 147:18 149:7,15,18 150:10 154:9	4s 122:5	8:01 156:22
(a) 112:8	12:25 104:22		5	8:03 159:11
(b) 112:8,9	12:40 104:21		5 42:23 47:21 88:18 90:9,11 102:16 103:19,20 105:9	8s 122:5
(c) 112:9	12:45 104:22	30 48:16 50:19 88:2 91:6,20 93:9,10 151:11 153:24 159:4	5- 101:7	9
-	12:50 104:21 105:8	300 149:20	5-milligram 48:19	90 72:18
-caine 82:5	12:55 104:23	32 5:10 145:7	50 51:22 101:13,24 102:6 121:10	9th 126:7
0	12s 104:20	3200 122:10	508 21:9	A
01/04/2018 6:18 29:23 67:4 113:4	143 16:5	325 113:17	5:00 49:6	A.B. 9:6
1	15 7:11 8:12 16:5 26:10	327 114:22	6	a.m. 49:14,23 110:20
1 6:14,17 26:22 34:3 37:18 45:5 47:22 48:18 68:1,8 103:3,4, 19 108:7 147:7	17 6:14 76:3	33 30:4	6 43:5 48:18 68:9 101:23 103:5 121:16 131:9	above-referenced 44:11
1,000 151:8	19 30:4 41:22 42:1,7 43:4	344 112:24	62 67:16	absent 35:15 129:12
10 47:22 48:23 50:24 51:5,7 68:10 90:8 102:15,16 103:19,20 105:10 106:3 108:7 116:18 120:16 122:24 123:14 149:16 159:2,4	19th 110:14	36 112:23	69 66:20	absolute 121:1
10-milligram 101:7, 14	2	3:00 49:14 110:20	6:21 100:14	absolutely 51:16 107:21 112:3,5 119:6 126:6
10/19/10 113:23 114:14	2 29:19,22 32:22 37:9 41:24 68:2,9 100:17	3:50 103:18 105:7	6:31 100:18	absorb 84:16
10/19/2010 103:18	20 93:13 114:23 115:10 159:2	3:55 47:24 104:1	6s 122:5	absorber 72:15
10/25/2010 155:5	200 5:10 51:3 122:4	3s 149:16	7	abstract 37:2
10/30/10 153:19 158:15	2010 41:22 42:1,7 43:4 115:2,10 121:5 153:24	4	7 67:16 135:1	abusable 139:16
100 73:4,5 124:15 127:15 151:14,17,20	2016 8:11 10:18	4 4:3 42:9,17 49:10 68:3 69:14 112:21 113:3 152:14	75 9:2	abuse 49:13 135:8,9, 14,16,18 136:14 138:15
	2018 4:3	4-millimeter 63:13 77:4	79 9:21	abused 84:17
	20th 110:10	400 50:18 111:16 116:13,16,20,23,24 117:4 122:1,5 123:11, 12,13 153:15,23	7:28 143:11	abusers 109:8
	2200 50:21 120:2	400-milligram 122:14 158:10	7:37 143:14	academic 13:18
	2220 51:1 122:22,23 123:11		7:47 151:3	access 61:11
	230-pound 120:5		7:54 156:18	accommodations 131:13
	24 110:7,8			accoutrements 28:15
	2400 50:23 116:16 117:1 120:1 123:12			

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: accurate..basically

accurate 7:15 44:20 66:13 153:20	advocate 152:5	anesthesia 81:6,13, 17 82:1,11,14 114:10	59:7,18,21 60:2,6 62:7,22 63:10 65:17, 20,23 76:5,12,14,18 78:16 81:17 88:2,3,6 89:5 91:24 93:6 94:16 133:15 134:7 148:3	attorney 24:7 25:15 27:7
acetaminophen 90:18 149:22,24	affairs 8:24	anesthesiologist 82:16 83:2 85:13 87:18 120:9		attorneys 39:20
ACL 7:10 8:10 13:22 14:6,17 16:2 62:7 88:9 90:14 91:9,12 93:23 106:22 108:22 142:17, 23	affect 59:13 140:23	anesthesiologists 87:3	arthroscopically 61:12 62:13	attributed 42:2 148:5, 14 156:7
act 59:13	afternoon 110:15	anesthetic 81:11,21 92:14 94:10,15,19 96:17	arthroscopies 97:8 151:6	August 12:11 115:2
acted 137:17	afterward 95:14,19 126:10	anesthetics 82:4,5 93:14	arthroscopy 46:2 47:10 65:16 68:1 78:7 92:15 100:4 124:2 130:3	author 16:8
action 54:12	aggravation 124:1	anesthetist 120:9	article 37:20	autologous 15:18
active 127:6	aggregate 33:11	anonymous 22:7	articles 14:19	avoiding 135:5
activity 124:7	aggregated 135:22	answering 5:20	articular 47:5 61:18 71:22 72:6,12,23 73:4, 8 74:23 75:12 78:2 93:22 94:13	awake 86:13
actual 102:8	aggressively 79:8	answers 5:17		aware 52:14 92:21 120:4 124:17
acute 42:6,11,19 43:7 116:15 142:5,9,13 149:9	aggressiveness 63:5	anti-inflammatories 52:18	arts 9:5	
add 51:12 136:9	agreement 28:5,18	anti-inflammatory 43:3	asleep 81:1,15 87:16	B
added 6:13	agreements 28:24	anymore 48:15	assess 69:5	B.S. 9:4
addict 136:15	ahead 6:1,12 44:15 71:2 90:4 101:1	anytime 99:2 112:7	assessment 155:9	baccalaureate 9:8
addicts 140:14	airway 85:8	apologize 21:1,2 38:13 53:11 103:2 143:4 148:17	assignment 29:1,2	bachelor's 9:5
addition 43:2	alcohol 141:5,19	apparatuses 131:13	assist 155:1	back 5:22 12:5 14:10 19:24 34:3 37:9 45:10 53:4 76:24 83:10 95:10 100:17 104:2 105:3 110:6 127:1 129:16 134:10 138:22 140:22 143:14 144:15 146:21 151:3 156:22
additional 78:14	alcoholics 140:15 141:4,5	appears 49:17	assistant 13:1,3 79:14,15,16	background 7:18
addressing 14:20	Alicia 22:16	applies 65:23	assistants 79:22	bad 51:18 82:14,24 83:3 107:2 108:12 117:12 131:2,6
adequate 52:24	alive 98:24	apply 19:10	Association 21:18	Badowski 21:13
adequately 49:21 147:9,15	allergic 96:7	appropriately 137:18	assume 6:2 145:23	ballpark 26:14 122:12
adhesions 64:18	alleviate 133:1	approximately 155:6	assuming 153:20,22	bar 11:4 114:6
adjacent 63:17	alleviated 132:11	April 115:1	assumptions 157:4	base 103:14
adjusted 102:11	allograft 14:22 15:3	area 9:14 11:13 87:20	Atlantic 21:4	based 41:15 44:18 53:11 83:4 98:22 106:15,21 148:7,11, 18,19,21,22,24 158:1, 4
administered 102:9 115:13 116:10	alluded 73:16	arrived 105:3	attached 63:13,19	bases 44:9,22 45:2,17 147:4 149:4,11
administration 112:22 114:13,17 115:7 152:13,17	Alnoraindus 4:9 53:16	Art 9:8	attaching 32:24	basically 11:1,2 13:12 32:20 47:10 59:20 60:14 116:18 117:12 123:12
admission 55:12	alter 11:14,15	arthritic 78:21,22 127:23	attempted 57:13	
admit 19:24	ambulation 155:2	arthritis 75:14,15 78:17,18	Attending 67:20	
advice 127:9	American 21:4	arthroscope 77:3,8	attention 28:20 87:12,23 152:12 154:19	
advisable 112:6	amount 102:10 117:6 118:10,11 124:18 125:9 129:11	arthroscopic 14:2,4, 7,8 41:24 42:7 43:4 46:1,4,5,6 55:5 58:23	attentive 50:6	
advised 153:8	analgesia 96:6		attests 10:10	
	analgesic 48:21 50:20 121:21 122:15			
	analysis 13:16 140:13			

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: basics..charge

basics 63:10	106:21 109:7 136:12	bringing 40:4		40:6,9 41:13,17 43:16
basis 22:20,21 31:4	154:24 155:15	broad 46:6 59:8 147:7	C	46:8,15 48:9 62:20
121:24 152:21	bite 64:11	broadly 138:13	cadaver 15:1	63:16 64:3,4,12 65:23
Bates 6:13 14:11 30:4	biting 46:11 64:8	Brookside 21:17	calcify 75:6	72:16 74:24 79:9
34:4 112:23 113:17	70:23 72:19,21	brought 36:19 41:3	call 39:2,4 46:17 60:3	82:10 85:7 87:18 92:7,
Bates-stamped	black 123:15	104:2 110:15	66:13 132:6	24 97:4,24 99:4
67:15	bleed 92:19 96:10,13	brush 74:3	called 4:19 19:11 27:7	102:22 103:10 123:12
bearing 22:24	bleeding 50:3	Bruszniewski 21:4	45:10 47:4 62:11 71:8	125:12 128:2 131:23
bed 124:22 127:11	block 94:6	bucks 139:13	76:9 82:22 90:8 93:6	137:17 140:12 149:2
begin 12:8 59:16	blocks 94:2 95:8,9,15,	bump 59:15	141:1 154:21	cases 10:23 13:15
119:13 133:24 136:9	19	bunk 43:1 131:12,17	calling 107:3	16:14,15 19:18 20:20
beginning 14:11	blood 73:10,11	147:23	calls 38:20 39:18	23:1 25:6 40:15 79:15
41:12 92:16 146:22,23	106:11	BUR1 6:13	79:24 90:2 134:1	96:6 120:4
begins 53:5 100:17	board 10:9,13 20:16	BUR14 14:11	calm 85:15 91:18	Cassiday 25:1,6,17
behalf 4:11,14 17:3	board-certified 10:5	BUR5 34:4 53:4 88:19	camera 64:21 65:1,3	27:12,13 31:19 34:1
23:10 33:13 152:5	11:9	147:1	69:9	39:8
belief 114:24 116:13	bodies 68:3,11 74:9	BUR6 97:1	candidate 82:14	categories 19:6
belive 126:8	75:11 76:4 151:21	BUR7 41:12 147:1	Cannestra 34:15	category 59:8
bell 18:13,17	body 18:6 19:11 46:22	burn 145:12	48:11	caused 77:21
bending 133:17	64:6 76:16 78:3 79:10	burning 128:9	Cannestra's 34:15	causing 42:2 148:5,
beneficial 52:20	bolster 80:5	Burton 4:9 5:3,4	cardiovascular	14
beneficially 11:15	bone 47:8 59:5 61:7,9	14:11 15:3 24:22 30:4	82:24 83:5	CCS 96:11
bent 69:13	62:8 64:15 70:5 71:22	41:20 42:1,5,22,24	care 24:10 41:2,5,19	cell 11:13 116:4,9
Betadine 50:3,11	72:13 73:7	52:14 53:16 54:7	42:10,18,24 45:7 48:7	152:24 153:6,9
147:21	bones 47:8	55:24 65:10,15 77:17	49:20,21 51:14 52:4,8	157:10,14,18
bibliography 14:12	book 19:5 31:3	82:10 83:13 96:17	53:15,20 54:1,8,16	cells 61:7 82:6
37:19	border 46:16 73:14	97:2 101:13 102:14	56:15 98:9 121:4	center 53:7,14 66:21
big 10:24 46:13 59:3	74:6 78:2	110:6,16,24 114:18	130:9,12,15,19,23	136:2
61:20 78:4 86:11 87:3	bottle 119:5	119:23 121:4,15,16	147:9 156:11	central 46:16 61:10
93:22 96:14 107:1	bottom 67:16 121:17	131:15 132:14,16,21	career 151:6,15,18,21	73:13 74:6 78:2
119:10 137:8	123:20 131:9	135:5 137:1 138:14	careful 128:22 133:19	certainty 41:15
bigger 90:15 93:21	bouncing 78:9	139:1 146:12 148:4	145:11	156:14
118:11,16 139:19	brace 43:1 131:11,16	149:8 153:22 156:11	carrying 139:18	certificate 8:23
bill 28:13	brain 136:1,7,8	Burton's 11:18 42:3,	cartilage 8:9 15:8,18,	certificates 11:7
bills 31:18	break 6:3 35:18 36:24	11,20 43:6 102:21	19 47:5,6,9 61:8,18	certification 10:9,14
binder 29:15	100:8,11,15 121:12	103:10 111:14 123:22	68:18 70:4 71:16,22	Chadwick 4:2,18 6:7
biology 8:23,24	143:12 157:8	126:4 129:17 132:11	72:1,5,6,7,12,23 73:1,	chance 121:13
biomechanical	breathing 82:21	135:2 137:5 148:6	3,4,6,8 74:22,23,24	chances 136:10
145:9	briefly 8:16 10:8	155:22	75:5,8,12 78:1,2 80:11	change 50:12,14
bipolar 52:15 64:16	11:10,21 12:19 13:2	business 66:10	82:6,9 93:6,7,22 94:14	100:9
135:24 136:8	35:19 149:11	busy 4:24	case 11:12,18 13:24	changed 50:9,10
bit 28:10 38:19 58:21	bring 36:17 128:14	buy 51:2 145:16	16:17,24 17:21,24	chapters 16:5,8 93:24
59:15 79:20 96:10			18:4,5,8,11 21:2	charge 28:12,13 31:4,
			24:16,24 25:11,13	7 87:18
			26:9 27:1,6 28:7,10	
			29:4,8 30:7,13,17,22	
			31:16 32:17 36:2,10	

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
 Chadwick Prodromos, M.D. - 01/04/2018

Index: charged..count

charged 30:17	cleaning 22:16 61:23	communicate 107:4	concept 138:7 140:7
charging 30:24	clear 20:18 116:7 123:10 127:21 131:24	communicated 28:9	concerned 38:4
chart 30:18 84:6 122:20	clerical 32:8	communications 40:8	concluded 155:14
check 29:12 96:20 104:14	client 17:4	Community 21:9	condition 155:10
checked 147:20	clinic 133:13	comp 19:3 152:11	Condominium 21:17
chew 109:10	clinical 123:21	company 20:11 24:10 146:1	condyle 47:3 68:10 71:20 72:7 74:22
Chicago 10:1 34:12 66:21	clinically 43:7,11 142:6	comparing 56:9	confidential 18:3
Chmell 65:17 67:20 79:21 92:8 97:20 132:13 143:21,22,23 155:10	clinics 84:22	compartment 69:19, 22,24 70:1,7,9,16 71:16	conform 33:1
Chmell's 154:9	clipped 107:8	compartments 69:4	confused 25:12
choice 123:19	clipper 75:22,23 76:6, 9,11,14,19	compensation 18:20 19:13 29:7 31:15	confusing 72:6
choices 118:22	close 147:6	competence 10:12	Congratulations 16:9
chondral 64:13 68:9	closed 49:18,24 50:3, 19 51:11	competent 99:1	connection 29:8 154:10
chondrocyte 15:19	closely 121:8	complain 110:8,17 128:22	consequences 99:15
chondroplasties 151:17	closer 61:16	complaining 111:7 127:5 132:21	considered 83:23 120:18
chondroplasty 15:16,20 47:2 68:3 71:15	coating 72:12	complaint 34:7,8,9	consists 6:23
chondrotoxic 82:6	coats 71:22 72:13	complaints 43:5 51:10 110:12 126:8 142:3	constipation 137:8
choose 106:14	codeine 42:4,11,19 48:4,16,17 105:13 111:1,15	complete 7:17 10:21 14:14 35:7 43:18 44:4	contact 73:24
chore 145:24	collateral 62:6	completed 5:19	contacted 27:14
circumstances 129:13 140:3,10	colleague 5:2	completely 35:9 73:21	contained 157:22
citations 37:11	College 21:9	complex 108:14	contention 48:8 126:4
cite 130:1	combination 81:22 90:17 109:3,4	compliance 52:17	context 56:6 57:14 97:16 105:18 107:11 108:9 121:9 126:20 137:19 139:9 140:17
City 20:2	comfortable 49:19	complication 93:5	contexts 109:7
claim 44:9 121:24 123:5	comma 68:17,18	complications 99:5	continue 80:18 118:14 119:4 142:10
claiming 138:13	commend 137:18	complied 41:19 42:9, 17,23 45:6 53:7,14,24 54:8 147:8	continued 110:7,16
clarification 57:17 136:18	commended 51:16 136:23	complies 48:7	continuous 94:9
clarify 30:9 57:5,12, 13 58:12 129:7	comments 122:21	Comprehensive 16:2	continuously 146:2
classic 48:19	Commissioner 20:5	computer 35:13,19	contraband 139:18
cleaned 147:21	common 141:21	computerized 13:16	contract 27:24
	commonest 88:8		control 55:4,9,15,21 56:12 57:7 58:10
	commonly 64:7 84:14,17 87:9,11 88:5 94:6		controlled 57:2 85:8
			convenient 67:9
			conversant 37:24
			conversation 143:21 146:23 147:5
			conversations 39:7
			Cook 18:19 21:11
			coolness 145:10
			copies 37:11
			copy 36:22 67:8 123:2 126:6 159:16
			corner 113:18
			corporation 12:18,22 20:13
			correct 5:7 7:1 8:20 11:19 15:4 16:18 18:1 25:14 28:7 30:15,18 32:13,15 37:16 43:22 44:12,24 53:18 54:4 55:6 56:17,21 58:15 59:24 64:24 65:5,11 68:18 76:22 77:6 78:19 80:20 81:6 83:14,24 91:23 96:18 97:5 101:8 102:2,12, 15 104:2,6,11 105:11 106:16 110:9,17 111:1,16 112:13 113:20 114:15,20 127:7 131:18 132:18 137:2 138:24 142:7 146:5,6 147:10 154:5 157:15 158:3,6
			Correctional 53:7,14
			Corrections 34:13 35:4
			correctly 15:11 85:4
			correlated 93:8,14
			correlation 60:24
			costs 31:11,14
			counsel 4:6 30:12 37:7,14 38:16,18,24 39:8,22 66:17 101:1 102:24 112:18 158:14
			Counsel's 158:23
			count 18:23

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: counter..dose

counter 51:2	dangerous 42:21 43:8,12 91:19 142:7	define 15:24 17:1 55:20 65:17,20 130:22	developed 43:15 44:5 128:11	discrepancy 51:13
County 18:19 21:11	date 4:3 29:11 103:17 114:22 115:11 153:17 155:4 158:15	definition 56:3 73:13	device 63:20 64:16 76:8	discs 32:5 35:14
couple 5:11 8:2 13:12 17:10 24:1 26:12 30:9 39:6 40:23 46:10 96:15	dated 113:23	degree 9:3 41:14 65:22 82:18 142:11 156:14	diagnoses 68:5 129:2	discussed 37:18 66:2 77:20 78:1 143:20 146:22
court 4:13 5:5,21 22:8 152:1	dates 37:3 158:11	delivering 54:23	diagnosis 68:6,7 128:7	discussing 144:16
cover 6:23	day 12:11 45:12 47:20 50:14,23 51:8,9 91:13 95:12,14 110:13,14 115:10 116:7,19 117:1,5,23 118:15,20, 23 122:7,9 124:22 127:11 146:9 159:2,4	demonstrating 122:14	diagnostic 19:8 68:24 78:7	discussion 53:5,8 65:15 77:2 142:3 147:6
covered 50:3,11 147:21	days 45:12 50:19 82:16 89:3 92:5 99:14 102:1 130:3,4,9,18 137:10 154:2 155:8,22 156:6	Department 34:13 35:4	diameter 63:13	dismissal 114:19 115:8,9
cranking 46:12,24 79:4	days' 91:22	depend 119:19	dictate 76:9	dissolve 75:16
creating 5:5	deal 46:13 61:20 93:21 96:14 110:4	dependent 31:16	dictation 70:19	dissolved 75:1
credentials 11:8	deals 11:12	depending 80:4 90:6 127:13	die 89:15 108:4	dissolves 75:18 93:7
crossed 114:1,11	death 121:23	depends 15:24 55:18, 20 56:5 59:9 92:23 105:17 108:19 118:16 134:4 142:16	difference 72:24 153:4	dissolving 75:2
crutches 43:1 110:2 117:18 124:14,20 127:12 131:11,16 147:23 155:1	debridement 15:8, 11,12 68:17 70:21	DEPONENT 159:18	differences 72:10	distance 73:10
crux 38:2	debrides 70:16	deposed 5:7 16:24 21:3 22:15 23:2 152:3	difficult 114:24 138:4 153:14	District 21:9
Cuadrado 18:14,15, 20 20:1	decided 36:10	deposition 4:2 5:4 6:12,16 17:5,19 20:24 29:13,18,21 34:10,15 36:18 38:4,17,19,21 39:1 67:2 100:21,24 113:2 123:3	digit 159:1	doctor 14:16 19:1 30:2 41:23 47:17 51:18,20 52:5 53:3 57:22 67:6 70:13 98:2 99:1 101:3 123:10,13 124:17 125:12 130:2 133:12 137:12,23 138:2 140:15 141:21 152:16 155:14
Cuadrados 18:11,13	deciphering 87:8	depositions 20:18 152:2,6,10	digital 33:3	doctors 24:2 52:9 92:21 106:14,20 123:5 137:21 143:20
cuff 108:22 134:4	decision 123:18,22	derive 24:9	digress 48:9 150:4	document 6:15,20 7:8 8:1 29:17,20 30:2, 6,10 38:1 66:16 67:1 112:17 113:1 129:24
curious 11:4 143:23	decreased 126:4	describe 38:7,9 60:1 63:10 68:13 69:2 71:17 74:11 106:18 114:6 149:11	diminish 123:23 124:1	documented 102:23 103:13 129:22
current 25:4 153:23	deep 81:20	describing 89:8	diminished 126:14 129:18	documents 17:17 32:16,24 33:15,17,24 36:9,17 37:6,13,15 39:22 40:6 45:7,15 113:6,14
cut 59:12 62:8,13 64:17 66:11 159:1	defect 68:9 74:22	description 76:1,2 98:21	diminishment 126:1	dose 48:17 49:4,12 50:24 51:6 52:23,24 86:24 87:4 91:15 105:2 116:17,21 120:6
cutting 46:23 60:16 62:15 63:7 64:15,16, 18 74:16	defendant 24:17 34:8 51:15	detail 59:10	direct 150:18 154:19	
CV 7:1,4,6,14 14:10 37:15,16,19	defendant's 23:3	details 19:22	directed 37:14	
cytochrome 141:2	defendants 4:12	determination 83:4	directly 31:18	
	Defendants' 6:10	determine 109:1 125:8	disagree 123:5,10,13	
	defense 23:4,7,15 24:2,5,11,14	develop 14:8 150:10	disc 33:21 100:17 128:12	
			discharge 50:2	
			disclosure 6:11	
			disclosures 6:11,24 16:17	
			discomfort 51:11 110:12 126:8 155:3,18	
			discontinue 158:12, 15	

D

daily 116:17

damage 8:10 71:22
80:11 82:9

damaging 61:18

danger 139:10

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: dosed..feel

121:21,22 122:2,3,14,
15 123:6,7
dosed 84:12 104:4
105:10
doses 50:21 83:21
84:3 101:13 104:10
110:24 111:6 120:12
149:15
doubt 141:23
downward 102:11
111:19
draft 7:6 146:17
drafted 7:24
drafting 157:4
draw 152:12
dressings 50:8,10,12
dressings 50:15
drill 61:7 64:14 73:6
drilling 61:8
drinkers 109:8
drive 13:10
drowsy 108:3
drug 98:13 107:12
121:1 128:21 135:23
136:6,7,15 140:14,24
drugs 52:15,21 87:1,
14 112:9 117:12
119:13 135:2,7,8,21,
24 136:8,16 137:24
138:8 140:1,4 141:3,4,
8
due 70:12
duly 4:17,19
DV 22:4,5,6
DVD 100:6
dying 91:16

E

e-mail 32:19 33:20
e-mails 30:14 32:23
33:9,10,16,23
E-TRAN 159:15,17

earlier 10:19 37:18
58:22 59:8 61:4 65:18
73:16 92:13 107:18
119:4 120:17 139:7
early 134:5
earned 9:3 11:8
easiest 51:16
easily 51:19
easy 61:11 81:20
125:15
edge 61:13
edges 71:23 123:17
edited 16:4,7,8
edition 7:10 16:1,3
editor 16:1
education 7:24 8:16
10:3 41:16 44:10,18,
23 53:11 148:22
149:13 150:8
educational 7:18
effect 48:21 95:9
121:22 122:15 136:10
effective 42:21 55:3,
9,15 57:1,7 109:2
116:14 119:23 131:14,
17 141:18
effects 85:18 135:22
efficacy 119:19
elaborated 58:18
59:10
Ellis 4:9 5:2
Elvis 108:2
employ 133:14
encompassed 54:19
end 14:12 43:10 44:11
69:13 71:21 72:1
88:13 92:14 96:24
100:6 131:8 134:24
142:2
ended 153:18
ending 73:15
endings 46:19 47:6,9
59:14 73:6,7,9,12
74:1,2,5

endlessly 108:14
endotracheal 82:21
ends 62:9
engineer 9:6
enlarge 78:5
entail 30:20
entered 69:6,17
enters 99:13
entitled 29:17
entrances 68:21
entry 158:9
environment 139:4
140:7
enzymes 109:10
141:2,3
epidemic 136:22
137:5
epidural 81:22 82:3
epinephrine 92:18
96:9,12
equal 62:19 78:20
119:20
equianalgesic 48:17,
21 49:4,12 50:21,24
51:6 84:3 120:12
122:13 123:14 149:15
150:9
equivalent 51:5 58:7
97:12 106:3 116:17
121:21 122:15 123:6
error 131:5
essence 61:2
essentially 64:21
99:3 124:19
estimate 26:19
117:22
euphemistic 66:9
European 8:8
evaluated 52:6 102:9
evaluations 132:13
Evanston 20:2

evidence 56:24 58:5
78:6,21
evolved 119:8
exacerbating 19:9
exact 60:24 118:10
exam 10:23,24 11:3
examination 4:21
146:14 150:19 157:1
examinations 10:10
examine 128:15,17
examined 4:20 50:11
exceeded 52:8
excellent 123:19,21
136:24
excess 109:18
excessive 136:22
Excuse 18:15 33:23
147:1
executed 28:18
exhibit 6:8,14,17
29:19,22 30:11 32:22
34:3 37:9,18 66:15,19
67:3 103:3,4 112:21
113:3 152:14 154:7,9
158:23
exist 93:4,16
expect 99:18 119:22
expected 124:24
expenses 31:10,13,
14
experience 7:24
11:22 41:15 44:10,19,
23 78:22 97:10 98:22
99:9 109:4,5,13
142:12 148:7,12,19,22
149:12 150:8
experienced 77:17
102:11
experiencing 42:6,22
91:7 102:14 131:15
149:9
expert 16:14,15,23
19:19 23:2,7 24:17,19,
21 26:4,20 27:21 31:5
32:2 34:3,14 40:13,14

121:1 141:11
experts 40:9
explain 8:5 11:10
12:19 58:22 60:18
exposure 84:23
extent 18:2 80:19
extra 65:8
extremely 46:21
116:14
extremity 145:2
eyes 83:16

F

face 31:8
facility 41:20 53:17
fact 33:7 47:12 49:3,4,
16 57:6,21 59:6,14,21
63:6 89:4 96:5 111:6
115:21 123:24 125:24
136:4,8,11 153:3
factoring 132:12
factors 19:10 82:13
facts 45:20
fair 14:16 36:16 68:14
86:14 87:9 107:14
114:9 118:3 148:6
159:6
fairly 48:14 61:5
familiar 5:12 67:6
87:2 101:12 113:6,8
114:5 144:2,11,13
152:16
family 98:3
fashion 49:11 80:6
fastidious 107:6
fatty 71:12
fault 137:11
fax 30:13
February 126:7
feel 80:24 81:2,10
85:15 124:23

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: feeling..Harvard

feeling 91:16	fluid-based 63:22	funny 89:20 120:24 130:16	good 48:3 49:18 50:5, 20 52:5 53:1 54:16 57:22 78:10 83:16 98:2 110:5,21,22 112:3,10 124:23 131:6 143:23 147:19	83:17 85:23 86:17 87:16 91:20 93:17 95:20 96:23 103:24 105:18,24 106:4 113:12 120:24 126:21 129:16 151:9 157:20
feels 133:7	focus 9:14 14:17 15:21 126:17 145:1,9	furthest 158:10		
fellow 13:8	follow 17:19 143:19	fussy 119:12		
fellowship 12:1 14:5	follow-up 40:12 132:13 143:8			
felt 51:13		G	Goodman 20:15	guns 86:12
femoral 47:2 68:10 71:20 72:7 74:22	fooled 71:8	gait 13:16	Gorsky 25:20,21,22	gussy 95:13
femur 71:21 72:2	foot 138:8	gaps 10:3	gosh 27:15 128:17 130:15	guts 138:9
Fentanyl 83:14,17,21, 23 84:7,9,10,12,14,15 85:5,10 86:2,14,17 87:2,13 104:10	forever 132:22	gather 48:8 137:16	Gotcha 29:6 85:3 95:22 122:8 129:15 134:16 142:1 150:16	gutter 76:4
fiberoptic 63:14,22	forget 23:19 104:16	gave 52:6 86:4 156:13	grab 74:17	guy 17:10 120:2
field 10:12 13:20	forgive 27:22 102:24 105:16	geared 109:10	grabber 47:1 64:8 76:15	guys 11:6 36:23 39:9 138:5
file 33:3	form 44:13 54:9 57:9 58:16 75:17 77:22 79:24 81:7 82:1 90:2 105:5 130:20 134:1 138:16 139:3 142:14 153:10 155:11	general 12:2,4 72:17 81:6,12,19,20 82:2,11, 14 83:11 95:16 112:8 115:13 119:17 134:20 138:10,11	grabbing 64:4 74:14	H
files 32:19 33:6,8	formal 28:15,18	generally 23:1 37:21 63:12,15,20 72:21 89:11 100:21 106:23 141:22	grabs 74:15	habituated 137:11
filmy 71:12	formally 27:20,23	get all 74:7	graduate 9:1,12,19	hairs 70:15
finagle 89:23	forming 154:10	Ghosh 5:4 24:17 41:18 42:9,17,23 45:6 49:21 51:15 52:4 53:6, 13,23 55:2,14 57:22 111:1,14 112:12 115:11 121:3 123:19, 22 125:20 131:10 132:9 136:23 137:17 143:22 144:8,9 147:8	graduated 9:17	half 88:7 90:9 91:1 107:23 126:7
finally 74:9 76:21 158:8	forms 94:18	Gilkey 21:17	graduating 9:22	half-hour 39:10
find 65:13 122:17 140:22	found 102:22 103:12	give 29:4 32:5 35:16 51:17 82:18,20 89:11, 14,17,24 90:8,20,24 92:14,16,19 93:4 98:11,18 99:21 107:1, 12 108:12,23 118:9 120:24 127:9 132:4 136:5 137:23 141:18 144:24 145:19 146:7	graft 15:1	Hammerl 22:2
fine 49:12 67:10 92:9, 10 117:5 150:2	foundation 155:11	Ghosh's 34:8,10	gratuitously 80:16	hand 29:14 66:14 112:15
finish 92:1 119:5	founder 12:17	Gilkey 21:17	great 6:22 7:3 15:6 16:12 24:15 26:8 37:1 90:18 124:7,10 146:10 148:2	handed 157:7
finished 11:22 12:10	four-hour 29:13	giving 84:22 86:2 92:9 99:2 108:6 118:23 119:9 132:1	greater 26:15 89:4 97:14 120:10	handwritten 113:22
Fire 21:4	frame 119:3,6 135:3	go-to 117:14	greatly 119:8	handy 35:14
firm 5:1 6:12 28:6 31:19,24 34:1	France 8:7	God 93:9	grievances 34:14	hangs 79:13
firstly 45:9,24	frankly 83:12		grossly 57:20	happen 51:18 74:8,23 75:13 124:5
five-minute 100:11	free 62:13 71:16		ground 5:14	happened 17:14 28:14 58:3 78:6 86:7 93:9 126:24 131:23
flake 75:1,13	frequently 48:18		grounds 79:3	happy 127:1
flap 71:17	friend 144:20		Grove 20:15	hard 64:7 75:17 79:2 80:8 83:18 137:22 146:1
flaps 72:19	fronds 47:4 71:24		grow 61:8	hardened 75:3
flip 68:19	front 63:16,17 159:3		grown 11:14	harder 141:6
float 74:16 75:4	frying 72:13		guarantee 35:16 127:14	harm 130:12
floating 46:23 74:14 75:11	fueled 136:22		guess 10:11 12:17 13:20 22:15 27:4 30:9, 16 36:3 37:17 45:10 54:18 56:10 60:8,11 65:6 69:8 78:7 81:4	harmful 131:7
fluid 63:21,23 77:5,11 82:15	full 6:5 97:1 103:7 116:21			Harvard 12:1
	function 102:10 107:10,11			

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: hate..instruments

hate 18:17	honorable 28:23	111:16 114:19,21	impaired 19:7	induction 87:14
head 26:1 85:14 136:12	hope 137:20	115:5,7,17 116:4,14, 16,23 117:5,7,9,20,23	impairment 18:23 19:2,4,10,12,20 23:21, 22 24:4	ineffective 82:4
healing 11:15 108:22, 24	hoped 143:5	118:1,11,12,24	implantation 15:19	inert 130:11
health 99:2	Hopkins 9:13,20,23	119:19,22 121:21	important 131:24 132:1 138:9	infection 124:6,16 126:19 127:5 131:23 145:6
healthcare 54:12	horrible 84:19 93:5 150:15	122:1,10,14 123:6,11, 14 141:9 147:19	impossible 107:4	infirm 45:10 111:14 114:20 115:8, 15 131:10
healthy 93:11	horribly 82:8	152:24 153:8,15,23 155:17 158:9	improving 146:4	inflamed 133:15 134:14
hear 70:19 76:10 128:20	hospice 140:6	ice 48:1,7 98:7,8 107:22 108:17 117:14, 15,16,18 118:4 129:3, 4,5,8 145:10,11,20,22 146:3	inadequate 57:20	inflated 77:5,15
heard 84:19	hospital 12:2 22:11 51:21	iced 47:24 48:3	incarceral 124:18	inflates 63:21
heart 83:3 107:7	Hotels 20:13	icing 146:3	incarcerated 40:16	inflating 77:14
heavily 14:5 61:24 62:10,15	hour 29:13 31:2,7,9	idea 49:24 83:8,9 107:2 109:5 110:5 112:3,10 142:19 144:19	inch 59:3	information 7:14,21, 23 122:23 123:17 153:4 157:12
heavy-duty 141:13	hourly 31:4	identification 6:17 29:22 67:3 113:3	incision 59:6 60:15 65:16 66:2,6,10 94:23 95:1,24	informed 153:3
heck 54:15 80:14 109:21 147:22	hours 46:10 50:19,22 91:14,22 94:8 96:15 101:23 102:4 105:3,10 110:7,8 121:10	identify 4:6 54:3,5 122:13 126:13	incisional 142:20	infusion 94:9
held 12:23	house 97:17	IDOC 34:14 112:22 113:17	incisions 66:13	inherently 46:2 97:22 98:1,12
helped 14:8 107:22 133:7	Howard 4:10 5:2 29:14	IDOC's 152:17	include 7:21 14:2 44:2 145:13	initial 10:24
helpful 19:22 36:7 37:4 62:21 63:9 136:18	human 8:24	IDOC28 112:23	included 131:12	initially 10:15,21 58:8 75:5
Hernandez 21:7	hundred 5:11 151:10	IDOC288 112:23	includes 115:14	inject 94:7,22
herniated 128:12	hurt 61:9,20 62:1,16 81:11 95:14 100:1 125:22 142:21	IDOC325 113:19	including 108:17	injecting 95:18
high 82:2 121:20 122:1,7	hurting 124:11 143:2	IDOC327 152:15 153:13 157:6 158:9	income 26:20	injection 95:24
higher 135:9	hurts 125:17	Illinois 12:8,13 18:19 19:6 22:10 34:12,13 35:4 66:21	incomplete 90:3 134:2	injury 18:5 19:8 20:20 152:9,11
Hilton 20:13	hydrocodone 48:17, 19,23 49:2,13 50:24 51:7,23 58:7 89:11,14, 17,24 90:18 91:1,23 97:3,8,11,13 99:16 100:3 104:10 106:3 107:19 108:17 116:18 119:10 120:16 122:24 123:14 141:14,17 149:17	Illness 154:22	inconvenient 128:20	innervated 61:24 62:10,15 78:12
hint 152:22	hypothetical 90:3 134:2	IME 18:22	incorporated 12:12	inserted 63:19
hip 18:7 128:16,17	hypotheticals 58:19	immediately 9:9 42:7 127:15 129:19 149:10 154:16	increased 78:17 126:18 132:11 134:6 135:3,7 138:14 139:6	inside 75:8
History 154:21		immobilizing 42:24 131:11	increases 135:21 136:9	insignificant 131:2
hold 35:9,11		immune 11:15	incredibly 82:5	insist 146:6
holding 6:10 29:17 112:20		Impact 156:4	incumbent 52:3	instructed 90:10
holes 47:8 61:6,7 64:14		impacted 155:22	independent 151:24	instructing 13:11,21
home 35:21,22			indicating 49:19 80:8	instructor 13:2,8
honestly 28:19 115:18 116:6,11 131:1 154:17 159:3			indication 96:16	instrument 61:17 64:2,4,15 74:15 76:18
	ibuprofen 42:10,18 50:19 51:6 52:11		individual 140:2,12, 18	instruments 63:24 64:9 65:2,4 66:4

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: insurance..loss

72:19,21 73:23		149:14 150:6	lawyer 25:10 26:5 27:12	56:14 115:22 122:23
insurance 20:11 24:10 146:1	J	kinds 62:8 72:5 93:1,2	lawyer's 25:24	listing 34:5
interchangable 65:1	jacking 110:5	Kirkland 4:8 5:2	lawyers 17:17	lists 37:19
interchanged 64:1	Jackson 108:1	Kleiber 21:15	learn 13:24 27:5	literature 37:24 94:1
interested 28:11	jail 40:22 41:1,4,5	knee 14:2 18:7 41:24 42:8 43:1,4 46:1,12, 20,23,24 47:14 49:23 59:15 61:14,21,22 62:6 63:7,12,17,18,19, 21 64:23 65:16,24 66:4 68:1,6,7,22 69:3, 4,6,17 70:2,3 71:10,11 73:17,23 74:14 75:4, 11,15,22 77:5,14 78:9, 22,23,24 79:4,7,12,16, 23 80:7 88:2,3,6,8 89:5 92:14,24 93:1,10, 19,21 94:12,15 95:4, 21 97:8 100:4 109:20 121:5 124:2 125:4,9, 14 127:7,23 128:16 131:11 132:12 133:15, 16 148:3 150:22 151:5,12,13,21 154:24 155:3,15,18 156:7	leave 50:15 82:16 83:1 131:6,7 133:21 143:9	live 31:2 144:22
interesting 75:20 133:6	January 4:3		leaving 130:8,10,18 155:21 156:6	liver 141:2
interfere 108:21,23	JD 11:4		left 55:22 70:1,2 76:16 91:12 112:1,4,10 130:2,5 151:13 158:10	liver-metabolized 141:3
interim 154:24	jeez 95:20		leg 110:3 124:14 127:14 128:9,12	LMA 82:22
interject 36:5	Jensen 4:4,14		legal 4:4 28:24	local 81:17,23 82:4 92:14,17,19 93:4,14 94:15,19,23 95:17 96:4,10,17
International 8:9 15:18	job 12:19		Leger 21:24	Lombardo 4:11 18:14 35:23 36:5,22 37:2 44:13 54:9 57:9 58:16 77:22 79:24 81:7 88:20 90:2 100:19 103:7 104:17,22 105:5 130:20 134:1 138:16 142:14 143:8 147:11 150:20 151:4 156:16 157:7,19 158:19 159:8,17
internship 9:24 10:1	Joe 4:11 27:8 30:14 104:18		length 132:15 137:10 140:23	long 23:12 39:7,12 41:6 44:8 54:15 69:14 77:15 79:4 100:9 104:1 109:24 126:20 132:20 147:5 148:21 155:6
interrupted 60:10	Johns 9:13,19,23	knees 62:4 95:18	lengths 90:19	longer 50:15 99:15 134:14 143:4
interruption 151:2	joint 61:17,19 93:15	knew 116:5	lesser 120:10	longitudinally 66:12
intimidating 138:6	Joseph 30:12	knife 66:11	letter 6:23	looked 38:14 45:14 50:5 108:10 113:10 126:19 154:17
Intravenous 84:12	judgment 76:20	knowledge 7:15 10:11 28:17 35:7 41:15 44:19,24 98:22 148:23 149:13 150:9 158:4	level 10:11 124:7	loop 129:16
introduced 77:4	judicious 136:24	Kolovos 21:11	Levy 20:11	loopy 90:12 136:3,12
introduction 77:8,11	judiciously 145:12		licenses 11:8	loose 46:22 64:6 68:3, 11 71:23 74:9 75:11 76:4,16 78:3 79:10 151:21
invasive 42:2 46:2,7, 13 47:7 55:5 58:23,24 59:7,16,17,21 60:2,5, 8,12,14,20,21,23 62:19 65:18 70:22 148:5	June 115:1	L	lidocaine 82:5 94:12	Los 21:20
invasiveness 59:22 60:17 62:22 63:2,6	Kaplan 4:10 5:3 29:16	labeled 35:1	Life 20:11	lose 33:14
involve 17:5 46:10,11 72:19 151:20	Karroll 21:15	laboratory 13:17	ligament 61:19 62:6,9 70:5 71:7,9 93:23	loss 106:11
involved 14:5 18:6 19:19 47:13 61:22 62:4 66:2,6 68:17,21	Kenyon 20:2	large 119:23 121:16	Ligaments 62:9	
involves 61:19 133:17	kids 139:13	larger 138:7	ligamentum 71:6 78:11,13	
issue 11:17 48:10 50:6 117:10 126:23 127:22 137:17	kill 82:6 139:12	lateral 46:8 62:12 64:17 68:2,6,8 69:19, 22,24 70:1,9,17,20 72:8 76:4 151:14	light 63:14,22	
issues 52:17 99:23	kind 10:1,24 11:14,16 13:6 14:7 15:24 23:6 25:19 27:23 46:16,22 47:3 48:2,23 52:1 56:23 57:18 59:5,9 66:9 69:16 71:11,23 73:16,17 74:15,24 75:3,4 80:6,8 84:13 85:2,7,14,15 86:6,7 87:12 88:15 89:10,19 90:20 92:23 105:20 107:6,12 114:6 118:6, 16 124:14 125:14,21 126:20 130:6 131:5 132:20 133:5,18 134:18 136:12 137:24 138:6 148:19,23	law 5:1 6:12 34:7 99:14	limited 57:6 129:11	
italicized 122:21		lawsuits 152:9	limits 149:21	
lwona 21:20			lining 71:10	
			link 123:1	
			list 14:14 19:18 34:21 35:7,15 41:12 43:18 44:4 146:21	
			listed 16:17 22:6 34:21 37:20 52:14	

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: lost..Motrin

lost 156:5	managing 105:14	medical 9:13 12:1 16:14 18:3 34:11,12 41:14,18 45:6,7,23 53:6,14,24 54:3,20 55:2,15 66:20,21 67:12 83:3 97:19 102:23 103:13,14,15 105:4 114:6,13,17 115:6 123:17 129:23 131:13 132:10 136:23 147:8 150:13 156:14 158:1	menisectomies 46:9,21 72:18 151:15	84:7 85:11 89:5 97:14, 16 102:22 103:12,21, 24 105:16 106:1,4,12, 19 107:3,10 118:19 131:14 142:22
lot 16:10 17:6 20:23 24:2 28:19,20 48:23 49:10 52:2,9 58:7 61:23 86:3,10 87:3,12, 15,22 95:2,3 98:9 107:24 108:20 109:21, 22 120:24 127:11 141:3 143:1,3 145:5 147:22	manifested 58:11	medicated 107:11	mentioned 20:1 25:2 49:6 64:18 88:1 93:3 119:4 120:17 124:4 147:20 152:22	minor-moderate 105:22
lots 51:17	manipulate 79:22 80:3	medication 42:21 43:3,9,12 55:1 57:24 88:16 89:1 106:20 107:16 109:2 111:15 112:21 113:11 120:20 129:10 139:3 142:7 147:17 152:13,17 153:5,9,14 157:10,13, 17	mentions 122:22	minute 150:18 156:17
low 43:1 131:12,16 147:23	manipulation 78:24	medications 48:2 111:3 115:13 118:15 144:24 145:12,13,17	messages 30:14	minutes 39:13 100:7, 10 143:5
lower 145:2 149:23	marathons 125:2	medicine 8:8,9 11:9, 11,17 12:3,9,13 13:20 50:21 57:15 82:18 89:20 98:6 99:3 102:9 106:9,15 109:17 118:11 144:17 145:1	met 38:18,24 144:9	mischaracterizes 44:14 147:11
lucid 86:13 106:4 108:13	marble 75:4,18	medicines 43:8 52:7 89:2,8 109:11 111:19 125:7 137:1	metal 69:13 94:12	mishear 96:1
Luis 18:20	marbles 74:13	medium 63:23	metaphysical 81:9	missing 33:12 128:7, 13,18 146:8
lying 113:9	Marcaine 82:5 95:4 96:11	meds 49:15 54:23 110:5 125:17 141:6	method 31:21 105:14	mitigating 19:9
Lyon 8:7	March 121:5 140:21	meeting 39:12,14	methods 108:17	mode 48:1
<hr/> M <hr/>		meetings 39:23	Michael 108:1	moderate 55:9,16,19 56:16,19 57:8,15,19 58:15 89:1,2,7,19 98:9 103:24 105:15,17 106:4,12,19 107:3,10 121:22 122:15 123:7, 10 131:17
M.D. 4:18 9:15,17 34:15 65:17	mark 29:19 52:5	meniscal 14:21 61:10 68:7,8 72:7 88:10	microfracture 47:8 61:5 62:2 64:14 88:9	moderator 8:8
machines 145:22	marked 6:13,16 29:21 67:2 113:2 154:8	menisci 93:22	middle 67:16 77:1 99:18 121:17 158:9	modification 111:19
made 61:3 63:16 74:20 75:5,7 123:22 147:16 156:13 157:8	market 24:3	meniscus 46:11,19 61:10 64:3,12 69:15 70:18,20,22 71:1 72:15,22 73:8,24 78:3 95:21	midst 136:21	modifier 55:23
main 53:2 126:23	marking 6:14 66:19 112:20		migrated 13:7	Mohamad 20:13
major 8:13,22,23 56:9	Marriott 22:20		milligrams 48:16 50:23,24 51:3,5,7,22 87:7 111:16 116:13,23 120:2 121:10 122:1,11 123:11,13 149:20 153:15	monitor 92:10
majority 118:20	Martinez 20:9		millimeters 68:9,10 69:14	monitoring 52:1
make 15:14 33:12,14 36:22 59:19 60:22 61:15 62:18 65:8 68:19 82:13 85:15,18 95:13 99:22 102:24 108:6 123:2 125:22 128:13 133:18 134:10, 23 135:10 136:3 157:3	Marziarz 22:16		mind 37:10	Montalbano 22:10,12
matters 49:12	mask 82:22 132:5		mine 122:19	month 20:19 129:23 159:1,5
maximum 91:9,13,20 122:9,10	Mass 12:4		minimal 59:22	month's 121:5 140:20
meaning 57:13	Massachusetts 12:2		minimally 42:1 46:2 55:5 58:23 59:7,16,17, 20 60:5,14,20,21,23 62:19 65:18 148:4	months 16:4 25:8 27:16,17 39:6 126:7, 10 129:18 132:19
makes 58:22 59:7 90:12 131:1	materials 34:5,18,20 35:8,12		Minnesota 20:11	morning 50:13 110:16,20
making 60:15 128:12 138:12	math 154:5		minor 46:21 55:4 56:1,6,7,10,13 57:4,7 58:11 65:15,17,20,22, 24 68:17 80:20,23	morphine 84:2 93:17
malpractice 18:3	matter 5:4 18:20 27:5, 21 29:1 31:15 32:2 35:8 43:19 46:13 60:20 82:1 94:13,14 97:15 98:18 128:10,19			Morton 20:15
man 119:23 120:5	means 10:9 27:23 98:14 130:23 152:1			motion 132:12 134:19
	meant 70:18 71:20 116:6 148:13			Motrin 50:17,18 51:3 52:19 111:15,16
	medial 47:2 62:5 68:10 71:16,20 72:6 74:22			

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: move..pain

112:13 114:19 115:11 123:19 140:21	neurologic 136:10	nurses 54:21,22 114:10 147:19	opening 46:12	21,22 13:13,21 16:2 98:24 154:10
move 54:24 79:19 80:7 124:20	night 99:18 102:22 103:13 110:20		operate 13:14 64:23	outcome 31:16
movement 124:18 125:9	nod 5:16	O	operating 45:14 63:13 77:4 87:19	outer 70:2
movements 5:16	non-opioids 140:4	O'HARA 4:8,22 5:1 6:8,9,19 18:15 29:14, 17 30:1,3 36:4,6,8,24 37:4,5 66:14,18 67:5 100:6,11 101:2 104:18 105:1 112:15,19 113:5 143:4,9,15 150:16 153:10 155:11 156:17 157:2 158:22 159:6,15	operation 77:24	outpatient 41:3 84:11
moving 59:14 88:13 97:1 132:8	nonarthritic 78:23		operations 77:20	over-the-counter 145:17
mucosa 78:11,13	nonprosthetic 94:11		operative 67:18 96:20,22 144:4 154:12	overdo 124:24
mucosum 71:6	nonsteroidal 52:18, 24		opiates 138:13	overdoing 125:1 126:18
multiple 33:8 52:21	nonsteroidals 117:11		opine 55:8 131:16	overly 107:6
muscle 59:5 60:16	Norco 42:5 90:8 97:3, 20 101:7,14 120:11 147:18 149:8	oath 101:4 143:17	opinion 23:5 45:5,8, 18,21 48:6 53:6,10,13, 23 54:6 55:8,14,24 56:15 57:5,6 77:16 103:14 105:21 111:20 121:3 130:8 132:24 135:6 137:2 139:24 147:4,7 148:7,10 149:4,12 150:10 155:21 156:1,2 157:16,20,22	overmedicate 85:7
N	Northwestern 13:2	object 44:13 54:9 77:22 81:7 90:2 138:16 153:10 158:22		overmedicated 52:10
nails 107:8	notch 62:9	Objection 57:9 58:16 79:24 105:5 130:20 134:1 142:14 147:11 155:11		overnight 110:15
narcotic 52:23 104:5 118:5,14 145:20,21 149:16,23,24	note 47:21 49:7 50:16 96:21,22 103:16 105:4 110:10,19 113:22 116:3 144:4 152:23 154:12 155:4	objective 106:10,12 109:5	opinions 29:5 37:14 41:13,14,17 43:15,18, 20,23 44:5,9,23 45:3 53:18 55:6 56:14 58:14 146:22 154:11 156:10,13	overprescribe 99:16
narcotics 51:17 52:12,18 85:6,12,14 105:10 112:8 117:16 118:20 119:12 121:22 122:16 123:7 139:17 149:22	noted 49:23 76:4 132:13	objectively 109:15	opioid 43:9,12 48:21 90:22,23 120:18 135:7,9 136:21 137:1, 5 138:15 140:1 142:7	oxycodone 89:15
narrative 68:13	notes 36:19 38:11,13 39:24 40:1,2,4 45:11 49:14,15,17 56:3 100:20,21,23 122:19 149:1 154:10,12	obscure 129:2	opioids 117:9 135:4, 21 136:1,2,9,15,20 141:13 145:13	P
nature 100:22 109:12 149:3	notoriously 141:5	obstreperously 86:7	opposed 31:20 152:21	p.m. 4:3 49:6 100:14, 18 103:18 104:1 143:11,14 151:3 156:18,22 159:11
necessarily 17:4 20:23 40:14 87:1	NSAIDS 108:17,19, 21,23	obvious 125:21	opposing 30:12	P450 141:2
needed 49:5 79:7 98:14 109:6 117:21 147:15	numb 95:2,9	occasional 83:7	option 107:19 108:16 129:9	packets 114:18
needing 150:2	number 19:10 29:16 33:6 37:19 41:24 42:4, 9,17,23 43:5 45:5,14 47:18,19 68:1,2,3,8,9 73:14,16 100:17 104:16 114:14 115:16, 18 118:3 122:3 147:7	occasions 145:19	options 127:18	packs 146:3
needle 83:10	numbers 118:10	occurred 123:24 126:1 139:11	oral 10:23	paid 17:12 19:16 29:10 31:24
neglected 50:8	numbs 94:8	occurs 63:11 144:19	order 61:17 114:21 158:12 159:14	pain 14:24 15:23 16:7 42:3,6,22 43:7 47:12, 13,20 48:1 49:15 51:10 55:4,10,12,16, 21 56:1,4,6,8,10,12, 13,16,23 57:2,7,8,14, 16,19,24 58:1,5,9,15 59:4 60:4 61:1 72:24 73:2,15,18 77:2,9,11, 17,21 78:2,3,4,6,14, 17,22 79:5 80:19,22, 24 81:10 84:7,13,15, 22 85:5,11 86:3,10,15, 16,21,22 87:5,10,19 88:14,16,23 89:5,7,15 90:11 91:7 93:3,14,18 94:3,4,5,11,14,18 95:15 97:4,10,14,16,
negligible 88:15,24	nurse 47:21 49:14 50:6,10 51:10 110:11 130:6	October 41:22 42:1,7 43:4 115:10 126:5 153:24	ordered 48:22 49:16	
nerve 46:19 47:6,9 59:14 73:6,7,12,14,24 74:2,4,5 94:2,5,6,8,10 95:8,9,15,19	nurse's 45:11 49:17 103:15	OD 100:2	original 158:11,20	
nerves 95:9,19		offer 58:13 107:19	orthopedic 10:5 12:2,	
nervning 73:9		offhand 17:14 35:6,17		
		office 31:22 38:22		
		on-site 38:19		
		one-page 36:21		
		open 46:20 61:18 62:6 63:8 79:16		

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: pain-free..possibility

24 98:6,8,9,10 99:3,4, 10,17,18 102:9,10,12, 15,22 103:12,19,20 105:9,15 106:1,3,11, 16,18,20,23 107:15,23 108:11 109:2,10,17, 18,21,22,24 110:3,8, 12,17,18,19,22,23 111:7,10,12,19 116:15 118:11 121:5 123:22 124:2,9 125:7,15,17 126:1,4,8,14,18 127:5, 14,15,24 128:2,9,12, 16,22 129:17 130:11 131:14,18,22 132:2,4 133:2,11 136:2 137:1 140:8,16,24 141:6,15 142:5,9,13,17,18,22, 24 143:1 144:18,19, 20,24 145:2,5 146:4 147:10 148:6,14,15,16 149:9 150:15 155:1,16 156:7	part 6:24 7:1,4 11:5 15:20 18:6 19:11 40:15 53:10 59:6 61:10 69:8 70:3,4 71:21 72:8 73:13,14, 18 74:11 80:7 87:17 98:2 109:12,13,14 113:14 117:4 125:6 129:13 132:3 137:16 141:20 142:2 148:10 partial 46:9 68:2,8 117:14,17 151:14 partially 7:9 parts 29:5 30:10 67:12 73:20,24 77:24 party 40:15 Paschen 18:21 pass 10:9 11:4 past 16:18 18:9 40:21 patches 84:9,16,21 patella 62:14 path 137:22 pathology 69:5 patient 22:12 23:10 24:7 47:20,23 49:18 50:8 52:6 55:22 82:2 83:7 85:11 86:12 90:6 92:10 97:24 99:9,17, 23 102:10 108:8,10 109:2,6,12,14,16,20 110:21 115:5 118:8 119:20,24 125:11,13, 19,21 127:3,16 128:8, 11,14 138:1 140:13 patient's 57:24 107:15 patients 20:23 24:9 40:20 48:1 53:21 78:17 81:12,16 88:16, 24 89:2,4 90:7,8,10 92:1,8 97:8,10 100:4 105:14 106:1 108:5,16 109:23 111:10,11 117:15,22 118:3,14 119:1,10,12 124:8 127:4 129:9 132:1 135:8 140:14 142:12, 23 144:17,20 152:3,6, 8	paused 139:9 pay 26:6 28:19 87:11, 22 146:1 pediatrics 119:13 pen 158:18 pending 6:4 Pension 20:15 people 8:10 16:6,22 17:16 28:23 33:5 49:9 51:13,17 52:10,21 61:1 62:4 71:8 75:2, 17,18 79:21 81:19 82:19,20 83:9 84:15, 21 85:6,7,15 86:5 87:1,16 89:11,13,15, 17,18,19 90:16,17,19, 20 91:1,17 93:4 94:2, 5,7,10,14,21,22 95:3, 12,17 96:7 99:24 109:8,18 110:2 112:7 114:11 124:12,23 127:12 128:19,21,22 130:13,14 133:19,21 136:3,5,15 137:15,23, 24 139:2,8,12,15 141:13,15,16 142:16 145:4 149:18 percent 19:10 26:22 72:18 73:4,5 124:15 127:15 percentage 26:19 perception 86:11 140:24 141:21 perfectly 52:24 perform 88:4 146:14 performance 68:24 performed 32:8 41:21 53:17 65:16 67:21 68:14 71:16 88:3 151:6 period 23:5 54:15 84:8,15 89:3 124:7 133:20 periodicals 37:12 perioperatively 84:23,24 87:15 peripheral 61:9 73:18	periphery 61:16 73:10 74:7 79:17 80:8 permanently 127:16 permit 43:1 131:11 person 14:23 18:18 32:11 38:24 93:10,11 109:16 152:20 personal 18:5 20:20 152:9,11 158:4 personally 146:11,16 perspective 128:6 persuasive 45:24 48:6 51:9 Pettigrew 22:18 pharmacologist 123:16 pharmacology 141:11 phone 30:18,23 38:20 39:7,18 99:15 109:17 Phonetic 25:16 phrase 55:19 phrased 89:10 physical 5:16 43:1 132:9 133:1,5,6,7,9, 10,11,14,17,19,22 134:19,21 147:24 148:1 physician 12:24 19:21 23:17 40:14,21 107:3 151:24 physicians 109:1 pick 87:23 picks 64:13 picture 52:4 63:23 piece 64:7 69:13 74:24 pieces 30:7 46:11 64:12 70:23 pills 91:20 128:23 136:5 152:20 pins 64:14 place 28:6 76:15 140:6	places 33:4 plain 118:4 plaintiff 4:9,10 5:3 23:13,15 24:5,6,8,22 51:15 53:16 55:3 131:10 132:9 plaintiff's 6:14,16 22:6 23:3 29:19,21 30:11 34:7,9,11,12,13 67:2 112:21 113:2 152:14 154:8 155:9 plaintiffs 152:9 plasma 11:13 platelet-rich 11:12 play 62:24 Poierier 21:7 point 6:3 28:5 35:12, 18 48:8,11 49:1 50:1 51:2 66:1 72:14 80:11 117:20 119:8 124:12 131:24 137:16 138:6, 12 143:1 146:12 148:20 pointed 52:13 104:15 135:2 pointing 107:9 points 53:2 143:19 poke 61:6 poked 47:8 142:21 Police 20:15 Pontiac 34:24 35:1,3 105:3 pops 25:24 population 115:13 portal 74:18 portals 92:17 posited 120:2 position 12:16,23 100:21 positioned 63:14 possession 139:14, 16 possibility 99:9 140:19
---	---	--	--	---

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: possibly..ratings

possibly 19:19 99:21 115:2 124:5	115:11 116:6 120:6 121:4 122:7 129:10 145:14 147:23	problem 52:7 74:4 137:9,21	provide 19:22 23:19 28:6 35:24 37:7	Q
post-arthroscopy 48:13	prescribing 106:15	problems 43:5 142:4	provided 35:23 41:20 53:16 54:13 55:2,15 66:20 131:10 156:11	Q4h 116:23
Postal 22:2,4,18	prescription 51:4 89:24 92:1 98:21 121:20 122:1,3,4,6 132:24 153:18,23	procedure 14:22 41:21 42:2 45:24 46:3 53:17 55:5 56:7,13 58:23 59:16 60:2,6,15, 21,23 61:15 62:19 65:16,18,21 68:13,17, 21 73:21 76:1,2 77:3 78:16,20 79:12 80:20 81:5 82:19 90:15 93:7 94:11 95:4 98:5 106:22 107:13 108:19 118:7 133:16 134:4 142:19 148:5	providing 21:3 42:24	Q6 102:5
poster 15:17	prescriptions 91:5 136:22	procedures 5:12 56:6,10 59:18,23 61:1 62:23 67:21,23 77:18 81:17 88:3,4 91:24 151:20 158:5	Psychiatrists 135:18	Q6h 101:16,22,24
postoperative 42:12, 20 43:7 47:22 55:4,10 56:4 57:7,8 68:4,7 116:15,19 133:20 140:8 142:5,9,18	present 39:14,17 154:21	process 71:17 74:12 87:15	psychoactive 52:15, 19,21 112:9 135:2,7,8, 21 136:16	QH 116:24
postsurgery 144:18	presentation 15:17 37:20	proceedings 159:12	psychoactives 135:6	quantitatively 123:9
postsurgical 15:23 133:2 142:13	presentations 7:11 8:3,6 37:15	process 71:17 74:12 87:15	PT 132:16 133:13	quarter 59:3 151:11
potential 49:13 135:18	president 12:18,20	Prodromos 4:2,18,23 6:7,20 29:18 30:11 35:24 100:20 113:7 143:16 150:21 151:5 154:9 157:3	publication 14:17 16:10	question 5:20,21,24 6:1,4 7:20 16:19,20 38:2 49:1,16 56:2 67:14 72:21 75:15 81:4,9 86:17,18,19 90:24 111:22 115:4 121:12 129:17 138:18 141:24 147:3 150:5
practice 5:10 12:6,11, 22 13:7 14:4,6 49:9 88:6 92:22 98:23 119:14 131:4 144:22 145:1	Presley 108:2	produced 26:11 73:1 77:2 88:14,23	publications 7:24 14:14,18 37:19	questioning 143:6 155:20
practiced 106:9	pretty 7:7 13:9 24:9 35:15 37:23 45:15 50:20 52:23 54:21 57:2 83:2 116:7 120:12 124:23 125:12 126:24 128:8 148:1 155:13,19	produce 26:4 59:4 60:4 63:23	publish 15:7 16:1	questions 5:15 17:10,12 159:7
practices 133:12	previous 25:6 39:17 147:12	production 11:1	published 14:19,21 15:1,15,22 37:12	quibble 123:16
practitioner 12:12,20 99:2	primarily 48:1	professional 7:18 11:7 54:13	pull 69:12,15 74:16,17 76:15 121:11	quick 81:19 100:7 134:13
practitioners 136:23	primary 14:16 45:17 47:24	professor 13:1,3	pump 93:18 94:4,9, 11,14,15,19	quieted 134:11,12
pre- 68:4	Princeton 8:19 9:1,10	prolonged 135:5	pumps 63:20 93:4,14 94:5 95:16	quote 37:15 44:10,11 45:22 49:18,23,24 50:2,4,18,19 51:10,11 69:9 110:11,21 121:15 155:14
preachy 137:20	prior 16:13,15 24:24 38:18,20 39:1 56:24 138:18 140:19	produced 26:11 73:1 77:2 88:14,23	puncture 63:18,24 78:5 96:5,9	quoting 54:22
precaution 97:4,21, 22,23 98:22 100:4	prison 40:22 138:5 158:5	production 11:1	punctures 46:3 59:2 62:14 63:16 64:20 65:10 66:3 95:2 96:2	R
precautionary 99:4	prisoner's 152:20	professor 13:1,3	puncturing 66:11	R.N. 103:19
preop 87:20	prisoners 41:5 53:21 124:19 139:7 153:5 157:9,13,17	prolonged 135:5	push 125:15 149:24	rally 143:5
preoperative 68:6 156:11	private 12:5,12	pronouncing 15:10	put 59:4 61:12 63:24 65:1,2,3 79:10 81:12 82:7,10 92:17 94:9,12, 13 95:3 96:4,12,13 108:9 110:2 117:18 128:1 131:21 148:17 155:2,17	range 18:13 59:22,23 60:2,7 106:16 132:12
preparation 38:5,7	privilege 100:22	proper 78:8 117:7	puts 69:3,14	ranges 88:15,24
prepare 17:3	PRN 50:19 98:13,14, 15 111:3 114:21	proportional 82:18	putting 26:8 70:17 85:1 87:16 95:18,24 137:19	rare 140:10
preparing 38:16	probe 69:6,8,11,12	protected 125:5,6 145:3		rated 105:9
prescribe 51:24 84:10 97:7 100:3 106:20,21 122:12 129:12 133:8,10		Protection 21:5		rating 18:23 19:2,4, 12,20
prescribed 51:4,5,21 84:7,8 92:2 97:3,13, 20,23 99:8 101:13,16 107:18 111:3 112:13		protective 145:21		ratings 23:21,22 24:4
		protocols 93:1,2		

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: Rider..stamps

Rider 29:18 30:11	sciatic 128:12	150:15	significantly 60:1	sophisticated 123:16
ring 18:17	science 8:24	severely 50:1	similar 61:1 127:4	sore 125:14 133:19
risk 80:10 82:1,2,13, 17 120:10 121:23 134:6 135:3,7,9,21 137:4 138:1,14 139:6, 17,19 141:19	scope 47:14 48:24 59:9,11,14 63:7,11,12, 14,18,19,20 68:24 69:3 73:5,22 76:17,19 78:9 79:9,13,19 80:10 92:17 93:19 95:21 96:13 106:24 127:23 128:3 145:7 149:3	shave 62:9 64:3 71:24 79:20	simple 48:24	Sorkin 21:22
risk-benefit 140:13	scopes 59:20 93:10, 21 118:18,19	shaved 61:11 72:16 79:10,11	simply 37:21	sort 10:10 94:21 99:14 128:5 138:11 141:23
rob 139:12	scored 90:9	shaver 46:18 61:12, 13 64:2,7 69:17 70:20 71:1 72:22,23 76:11, 13	single 48:21	sound 131:2 132:18 137:20
robbed 139:17	sealed 76:21	shaving 46:15 47:4 68:17 70:6,8 72:1 73:3,5,12 78:1,2,11,13	sir 159:16	sounds 57:18 101:20 105:8
role 12:24 65:7	secondarily 48:2	sheath 63:15	sit 23:12,14	source 63:14,22 78:14
room 79:22 83:14 85:23 86:1 87:19,20, 24 102:17,18,19	secret 139:15	Sheriff 21:11	site 95:24 104:5	space 80:10
root 109:20 110:4 128:24	section 16:6 93:24 154:21	shock 72:15	sitting 133:13 138:4	speaking 23:1 63:15
rotating 10:1	Security 20:5	short 143:8 150:17	situation 52:1 70:23 82:24	spear 47:15
rotator 108:22 134:4	self-adjust 125:19	shorthand 114:6	situations 85:5	specialist 4:4
rough 78:8	semantics 60:13 62:24	shortly 12:10 87:17 100:7	size 90:1 119:20 120:3	specialized 88:1
rubric 46:6	send 8:15 16:22 17:11 31:18	shoulder 88:6 93:10, 12	skin 46:3 59:3 84:16 94:23 96:5,10,14 145:11	specific 70:13 71:19 150:23
Rule 6:11	sense 85:18 106:16 135:10,12	show 80:15 114:18 154:7	skip 112:15	specifically 38:1 55:1 90:10 138:14 143:21 152:14 153:2
rules 5:14 19:5	sentence 53:11 55:1 88:20 97:2 154:21	showed 39:24 138:3	skipped 53:10	specious 36:14
ruling 129:1	series 30:13 32:22,24 158:11	showing 66:19 115:5, 7,17 126:14	sleep 83:8 85:1 87:16 110:22	spectrum 56:9 59:17 61:1 129:13
run 107:1 128:12 137:24	served 16:14 24:16, 19,21 26:3	shown 158:22	sleeping 136:5 137:14	speculation 80:1 90:3
running 114:7 125:1	Service 22:2,4,16,18	shows 115:1	slender 69:13	spinal 81:21 82:3 83:6,9
Rush 11:24 13:2,4,11	services 28:6 31:5	shrug 5:16	slurring 108:10	split 70:15
<hr/>				
S				
<hr/>				
S-T-I-E-P-F-O-L-D 25:23	setting 86:12 124:18	sic 127:14	small 63:16 68:11 86:24 87:4	spoke 30:22
safe 55:3,15 57:6	setups 80:4	sick 38:13	smaller 95:23 119:24	spongy 71:12
SAITH 159:18	severe 47:23 55:9,12, 16,19 56:16,19 57:8, 15,19 58:1,5,9,15 86:15,16,21,23 87:5 98:8 99:17 102:12 105:17 106:4,13,19 107:4,10 131:17,22 132:2,4 148:15,17	side 13:18 23:3 24:5 66:3 69:9,10 70:1,2 85:17 135:22 136:10	smarter 11:6 141:21	sports 8:8,9 12:3,9,13
Samuel 65:17 67:20		sign 27:23 28:4,20	Smith 21:9	stabbed 47:14
scale 47:22 103:19		signature 159:8	so-called 95:11	stabilization 80:5
scar 75:8		signed 30:12 103:18	Social 20:5	staff 32:1 41:18 45:6 53:6,14,24 54:3,6,20 55:2,15 146:6 147:8
Schade 25:1		significance 72:9	Society 8:8,9 15:18	stage 42:19
schedule 38:22		significant 42:3 52:23 99:10 107:22 109:16 148:6,14,16	soldier 138:8	stamp 14:11 34:4
school 9:10,12,13 12:1			solicited 16:7 24:11	stamps 6:13 30:4 112:23 113:18
			Solutions 4:5,14	
			someplace 116:3 123:1	

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: standard..testify

standard 41:19 42:9, 18,23 45:7 48:7 49:20 52:8 53:15,20 54:1,8 89:23,24 106:10,12 119:3,6 121:4 122:23 123:17 130:9,12,15, 19,22 133:23 147:8	stop 137:13	substitute 42:5 149:8	142:4 143:3 144:23 145:3 148:4 149:10 154:3,13,16 155:7,23 156:4,8	135:3,8,13,23,24 136:6,8,11 137:13 141:16 152:10
standpoint 72:10	stopped 17:11	substituted 42:10,18 111:14 112:12	surgical 10:1 56:6 72:10,14 88:6 149:1	talk 27:4 50:20 99:22 137:6
stapled 67:8	store 145:16	suburbs 13:7	surgically 72:20	talked 27:10 98:2 137:7
start 100:19 107:3 117:23 133:5,16	strangely 89:10	suffering 120:5	suspect 157:6	talking 26:11 92:24 114:1 135:20 136:14, 15,20 139:5,22
started 13:3 14:3,6 49:9 147:4	street 139:13	sum 37:23 147:14	sutures 76:22 130:2, 8,10,18 155:21,22 156:6	talks 31:23
state 6:5 18:2 42:11 56:15 80:18 97:20 102:8,21 105:13 123:9,18 150:21	strength 51:4 89:2,7 106:16,18 121:20 122:2	Sun 21:22	swear 4:15 117:15	tasks 32:8
stated 47:20 48:11	strengthening 133:18	super 123:15	switched 49:2	teach 13:14,24
statement 105:18 138:12	stretch 46:16 80:6	support 32:1,3 37:13 126:3	swollen 49:24 50:1	teaching 12:23 13:18
states 19:6 103:19 136:21 154:23 155:2	stretches 44:8	suppose 31:21 68:13 82:23 83:2,17 89:23 110:6 137:4	sworn 4:17,20	tear 61:10 68:7,8 69:16
Stateville 34:22 35:3 38:14 41:18 45:6,9,16 47:19 53:7,14,24 54:7, 20 55:2,14 103:15 105:4 123:23 125:24 132:10	stretching 61:19	supposed 38:12 91:8	symptoms 43:11 131:14 132:11 142:6	tears 134:6
status 83:5	Strike 104:8 116:12	suppress 121:2	synovectomy 61:23 62:3	technically 66:12
stay 124:21 127:11	strong 49:8 83:23 112:2	suppressant 89:16 91:19	synovial 59:15	technique 78:8
stem 11:13 61:7	stronger 84:2 95:10 118:12	suppression 108:4 120:5,11,22 121:23 137:7	synovium 61:24 71:9, 10	techniques 14:8
step 118:4,6	strongest 99:21	surface 74:2	system 11:16 63:22	Teflon 72:13
step-off 93:22	stubbing 97:17	surgeon 12:21 13:13 45:14 46:4 52:2,3 78:10 97:3,23 98:4,24 143:23 148:7	T	telescope 63:13 77:4
Steve 25:22	studied 141:12	surgeon's 70:10	T-S 20:6	tells 125:11 144:21
stiches 50:9	studies 95:11 141:14	Surgeons 16:3	T-S-A-K-A-L-A-K-I-S 20:5,7	ten 10:17 26:14,18 58:7 134:5
stick 46:18 47:1 79:13,19 80:9	study 8:19	surgeries 117:24 150:22	T3s 58:8 112:11 120:15	tend 64:24 66:9 86:11 87:1
sticking 47:13 59:1 63:7 83:9	stuff 28:20 33:11 49:9 51:2 62:8 75:16 79:20 82:7,20 84:22 87:1 93:3 95:13 107:21 108:4,7,12 118:17 126:12,20 133:18 140:16 141:5,16,19 148:23	surgery 10:6 12:2,22 13:21 14:2,4,17 41:24 42:8 43:4,6 45:13,17 46:1,5,6 47:21 54:8 55:3 59:7 63:10 74:11 79:1,23 80:23 83:13 84:17 85:12,17,19 86:5,15,22 87:13 88:2, 7,15,17 89:1,5 93:6,23 94:20 95:12 97:4 102:11,15,23 103:13 104:2,5,9 110:7 114:20 115:10 118:2, 16 119:15 121:6,7 124:9 125:10 126:15, 24 127:4 129:20 132:14 133:2,23 140:15 141:15,17	table 122:17,18 150:9	tendered 66:16 100:19,24 112:17
Stiepfold 25:16,19	Sub-s 12:21		tables 122:13	tenderness 142:20
stiff 134:18	subject 8:5 100:22		tablet 48:16,19 90:9 91:2 118:23	tendon 63:17,18
stiffness 154:24 155:16	subjective 108:8 109:4		tablets 49:8 50:18,22 51:22 91:4 116:24 122:9 158:10	term 23:20 126:20
stones 93:5 119:15	subjects 13:11		tabs 101:24	terminology 70:14 71:19
	submit 10:23		takes 74:14	terms 105:23
	subsequent 41:21 43:3 53:17		taking 4:23 41:1 52:4, 16,17,21 88:16 89:1,2 91:21 112:8 117:23 120:6 128:4 132:22	terrible 83:4 109:24
	substance 37:23 40:13 99:23 109:8 147:14			Terrific 12:7 40:11 101:6
	substantive 32:12			testified 4:20 151:23

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: testifying..United

testifying 17:1	thinking 26:21 54:21 58:20 119:8 139:9 149:17	tool 64:22 69:9,10	17 149:8 151:24	U
testimony 23:16 34:16 147:12	thought 36:14 48:3 52:21,24 54:16 147:19	tools 64:19	treatment 11:13 15:23 41:20 42:12,20 53:15 55:14 97:11 116:14 131:12 137:5 140:20,23	
testing 11:5	thousand 151:12	top 135:1 148:20	treatments 127:18,19	Uh-huh 14:13 120:19 121:19 132:7 134:9
textbook 7:10 16:2	thousands 88:3 150:22	torn 70:24	Tribune 21:24	UIC 41:21 53:17 132:13 154:8 155:4
textbooks 37:11	throw 93:5 119:15	torque 46:20 61:14 73:17	tricky 108:7	UIC1 66:20
theoretical 79:3	tight 80:10	torquing 61:21,22 62:4	trim 62:5	UIC15 67:15
theoretically 81:23	time 4:3,23 10:17 17:15 23:6,12 30:18, 24 31:2,8 38:12,15 39:1 41:6 44:7 49:22 50:17 51:11 52:11,16 54:16,22 65:6 79:4 84:14,23 85:11 104:1, 4,7 105:9 110:12 111:8 119:3,6 123:21, 23 124:1 126:4,12,24 129:18 132:15,20 133:23 135:3 137:10 143:10 155:10	torturing 91:17	trouble 107:2 125:18 137:14	UIC16 96:22
theory 79:6	times 5:9 50:19,23 83:14,17 117:1 119:5 122:9	total 14:24 33:6 39:8 56:8 95:18 96:11	true 34:18 57:11 81:16 95:15 102:14 105:18 115:24 153:22	UIC22 154:19
therapeutically 71:13	tiny 66:13	totality 33:18,19	trust 76:20	UIC52 83:15,16 104:17
therapists 133:14	tip 69:13	totally 93:12	truth 28:2 55:17 77:13 119:9 141:7	UIC65 101:19
therapy 43:2 132:10 133:1,5,6,7,9,10,11, 17,20,23 134:5,19,21 147:24 148:1	tissue 59:4,13 62:15 64:17 70:16 71:10,12, 24 72:20 75:9	touch 92:8	Tsakalakis 20:4	unavoidable 124:19
theses 43:15	title 12:16 67:21	touched 58:21	tube 82:21,22	uncommon 118:7
thigh 80:5	titled 6:10	toxicity 149:23	turn 7:4 14:10 16:13 34:4 37:9 41:11 45:5 53:4 67:15 68:12 113:17 144:15	unconscious 81:2
thin 73:14	titrate 57:23 91:15	track 17:7 39:10	turned 128:10	undergo 15:3
thing 11:16 36:21 46:22 47:3,7,16 48:12, 13 51:17 53:1 56:11 59:5 60:14 62:11 69:16 75:14 76:16 85:2 87:13,21 91:14 92:23 95:6,23 99:13, 21 105:17,20,23 108:8,14 109:19 117:2,14 124:14 128:5 129:22 130:1,7,10 131:6,7 134:23 136:13 137:6,9 138:2,4,7,9 139:10 140:2 141:1 145:8 149:21 153:20	tlueka 21:20	trained 23:23	Turning 76:24 146:11 157:6	undergoing 56:1
things 13:12 14:1 16:22 18:3 31:23 32:4 33:13 38:6 43:24 45:23 47:7 49:22 51:14,18 56:9 60:18, 22 61:15 62:17 69:12 72:11 73:20 76:10 82:15 83:1 88:5 95:18 105:19 107:3 113:10 115:16 118:2 119:20 123:9 125:22 127:19 132:2,4 133:9 136:4,5 137:10,13,14,23 141:12,20 145:10 149:21 157:20	today 4:13,24 29:12 31:1 38:19,21 39:1,12, 15 64:11 156:13	training 41:16 44:17, 18,23 148:23 149:13 150:8	Tylenol 42:4,10,19 48:4,8,16,22 49:2,8,10 52:22 89:19 90:19 98:7,8 105:13,21,24 106:2 111:1,15 112:1, 4 113:22,24 114:14 115:15 118:4,5,6,12 120:6,10 145:14,18,21 147:18 149:7,15,16, 18,20,22 150:1	undergrad 8:19
	today's 4:2 38:4	transcript 5:18 34:10 159:14	type 11:17 85:5 96:17 102:8 156:7 157:13	undergraduate 9:9
	Todd 20:9	transcriptionist 76:10	types 73:1	undermedicated 49:3
	toe 97:17	transfer 15:1	typical 51:1 134:7	undermedicating 58:2
	told 28:10,12 40:3 139:13 157:3,19	transplant 15:20 107:7	typically 17:2,17 23:2 24:5 50:13 59:2 64:2 74:19,21 75:7,10,12 76:11 84:13 90:16 92:14 145:22	underneath 73:7
	tolerance 140:24	transplantation 14:22		understand 5:24 13:10 51:13 92:12 98:13 133:4
	ton 110:23 150:2	traumatize 59:13		understanding 59:19 85:24 127:6 134:24 152:8,19
		treat 20:22 40:20 43:8, 11 87:10 128:24 132:2 141:6 142:6		understood 6:2 16:9 71:4 108:15
		treated 49:21 54:7 147:9		undertook 38:8
		treater 20:20 22:15 23:8		underwent 42:1 148:4
		treating 19:20 23:16 42:5,22 106:1 131:14,		unimportant 130:17
				unintelligible 95:12
				unintended 99:15
				unipolar 64:16
				United 136:21

Burton vs Dr. Partha Ghosh and Wexford Health Sources, Inc.
Chadwick Prodromos, M.D. - 01/04/2018

Index: universe..young

universe 33:15,17	visit 41:4	weird 61:6 136:3,10	51:21 105:4 114:1
University 9:24 22:10 34:11 66:21	visualization 77:6	well-documented 95:8	126:12 129:21 153:19, 20 158:18
unknown 61:2	visuals 64:22	Wexford 24:19 54:6	wrong 52:2 94:3 110:1 125:15,17 144:21 148:16
unlike 39:9 52:18	<hr/> W <hr/>	Wexford's 34:9	wrote 16:5 56:19
unrelated 43:6 142:5	wait 5:19 10:15 134:5, 7,14	whatsoever 73:2	<hr/> X <hr/>
unruly 86:9	waive 159:9,10	white 74:13 123:15	
unstapled 96:20	wake 86:5 87:17	William 4:8 5:1	<hr/> Y <hr/>
unusual 128:8 129:12	waking 85:1	woman 31:22 32:4	x-rays 75:7
update 7:8	walk 8:16 11:21 97:17	wondering 60:8,11	
updated 7:9	walker 127:12	word 57:4,14 83:18 89:22 101:20 112:2 130:16 135:12,16,17 148:16	year 7:10 9:19 10:2,18 12:1,13 26:21 151:10 152:4 159:2,4
upset 138:1	walking 127:11	wording 99:4	years 5:10 10:16,17 13:1,4,5 16:18 17:10 18:9 26:10,14 27:19 40:24 88:2 93:13 145:7 151:11
urge 89:12	Wals 21:13	words 55:11 56:18, 19,21 108:11	young 93:11
usage 119:17	wanted 33:14 129:7 148:18	work 11:21 13:13 16:13 17:20 19:16 24:2 27:4,20 29:8 30:20 32:2 36:10 40:13 127:17 128:3,5 136:1 144:2,11 146:1 152:11	
usual 70:22 97:5,24 100:2	war 138:8	worked 18:9 24:24	
utilizing 100:23	warn 124:12	workers' 18:20 19:3, 13	
<hr/> V <hr/>	watch 89:12	working 12:8 17:21 25:11 32:1 73:1 89:20	
vague 105:5	watch-take 152:21 153:5	works 37:12 127:22 136:6,7	
variety 33:4	water 63:20	world 51:17 140:7	
vary 62:23	ways 11:2 19:24 81:18 124:4	worry 85:17	
VAS 95:11	weak 90:21,23	worse 139:18	
vein 95:12	weaker 51:3	worth 91:22 121:5 140:20	
verbally 5:15	wear-and-tear 75:14	wound 50:2 76:21 147:20	
versus 107:1	wears 96:15	wounds 50:3,5	
vessels 73:11,12	wedge-shaped 72:15	wow 83:16 124:10	
Vicodin 48:19 116:19 139:12	week 27:19 43:6 124:10 126:14 129:19 142:4,10,13 143:2	write 56:3,4	
Vicodins 51:1	weeks 130:6 133:2,11 134:5,8,13	writing 158:23	
video 4:2,4 5:17 159:13	weight 110:3 124:21 127:21,24 128:2,4 155:3,18	written 5:6,18 10:24	
view 72:14	weightbearing 117:14,18 125:5,6 128:19 129:1,8 145:3, 21		
Vincent 34:14			
violate 121:3 130:19			
violates 130:16			
virtually 124:9 145:3			
virtue 26:24			